THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death. Page 6 may be retained by the hos	TO THE FUNEY DIRECTOR "filer this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detach has flad within a hours after the flat better the state beet, of Health and Mental Hydiene prior to burfal cremation, or immoral.	IMPORTANT: Item 28 14 arked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ING PHYSICIAN: The law requires that the de	ther this certificate has been signed by the a	arked, or item 23 shows any injury
OR ATTEN	DIRECTOR SAME	Item 28
TO THE HOSPITAL	TO THE FUNEF	IMPORTANT:

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF HEAL		MENTAL HYGIENI REG. NO.	Е			
1. DECEDENT'S NAME (First, Middle, L OWEN	ast) ANTHONY		GRAHAM		2. DATE OF DEATH MONTH DAY	1990 YEAR	3. TIME OF DEATH 8:30 A		
4. SOCIAL SECURITY NUMBER 287-26-6450	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE MONTHS DAYS HOURS MIN. (MO.					Coun	HPLACE (State or Foreign try)) hio		
98. FACILITY NAME (If not institution, g Memorial Hospit	al Medical Ce	nter	9b. CITY, TOWN OR LOC Cumberland		ATH	Allega			
10e. STATE 10b. CO		10c. CIT	y, town or Location Swanton				10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER			10f. ZIP C	ODE		10g. CITIZEN OF	1 TES 2 NO WHAT COUNTRY?		
Rt. 1 Box 66A 11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 V YES IF YES, GIVE WAR OR C	2 NO		T OF HISPAN	IC ORIGIN? (Specify Yes 1, Puerto Rican, etc.)		E — American Indien, ck, White, atc. city: White		
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION	(Give kind of life. Do NOT u	usual occupation work done during most of w se retired.)	orking	16b. KIND OF BUS				
17. FATHER'S NAME (First, Middle, Last Owen C. Grah			18. 1		ME (First, Middle, Meiden : Parisean				
190. INFORMANT'S NAME (Type/Print) Charles L. Grah	nam		Danville D				21701		
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3	Removal from State	b. PLACE OF DISPO	SITION (Name of cemetery,	crematory or	20c. LO	CATION — City or 1	Town, State		
4 Donation 5 Other (Specify) 21. SIGNATURE OF JULIEUR DESIGN		M00167	22. NAME AND AD	DRESS OF FAC	CILITY	.O. Box	243		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant cond				se given in	PERFOR	MEO?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	AE OF JURY MORK? M 1 YES	AT .	28d. DESCRIBE HOW II	NJURY OCCURED			
2 Accident Investigat 3 Suicide 8 Could not 4 Homicide determine	28e. PLACE OF INJUR building, stc. (Spo	Y — At home, farm, ecily)	street, factory, office		281, LOCATION (Street e City or Town, State)	and Number or Rura	l Route Number,		
anal	PHYSICIAN: To the best of my know.						(e) end menner as stated.		
29b. SIGNATURE AND TITLE OF CERT	Dag	<u> </u>	2 3	LICENSE NUM	ABER 431	29d, DATE SHOWE	19 O		
Dr. Sagin Memo 31. DATE FILED (Month, Day, Your) JAN 2 4 90		Cumber1		1502		W			

DHMH-16 Rev 1/89

ID 21203-3146

	1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTAL HYGIEN REG. NO				
	EDWIN W. GARRETT 01					2. DATE OF DEATH OIL	90	3. TIME OF DEATH M		
	4. SOCIAL SECURITY NUMBER 578-10-7477	5. SEX 1 M 2 F	(In yrs. last birthday) 93 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 08 09	1896 V	BIRTHPLACE (State or Foreign Country) irginia		
Œ	9a. FACILITY NAME (If not institution, give PRINCE GEORGES		ED		N OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH		
25	RESIDENCE OF DECEDENT						(
DIRECTOR	Maryland Prin	ce George's		Oxon H:				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER		•		101. ZIP CODE			OF WHAT COUNTRY?		
NE	412 Hayworth P	Lace 12. WAS DECEDENT EVER I	NII O ADMED	40 1100	20745		U.S.			
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes,		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	9 Of NO 14.	RACE — American Indien, Black, White, etc. Specify: W hite		
COMPLETED	15. DECEDENT'S EQ (Specify only highest gra-		18a. DECEDENT'S	WSUAL OCCUPI work done during se retired.)	TION most of working	16b. KIND OF BU	SINESS/INDUST	TRY		
PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)	Street			Capito	Trans	sit.		
OM	17. FATHER'S NAME (First, Middle, Last)		Derece	car co.		AME (First, Middle, Melden		710		
BE C	John Daniel	Garrett			Mary 1	R. Elgin				
01	19e. INFORMANT'S NAME (Type/Print)		1 1 1 1 1			Route Number, City or Tox		,		
	Mary R. Scheyt		1			Oxon Hill,				
	1 Nourief 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Providence United Meth.Ch.Cem. Friendly, Maryland									
CAGO	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.									
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, euch as cardiec or reepiratory arrest, ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardio outmander. Arest. Due to (or as & consequence of):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS & CONSEQUENCE OF): C. C. LE RENAL Faulure DUE TO (DR AS A CONSEQUENCE OF): d.									
MEDICAL (PART II. Other algorithment conditions contributing to death but not resulting in the underlying cause given in Part I. Personal inferior. Controlintection. 1 yes 2 yeo									
	25. WAS CASE REFERRED TO MEDICAL	T						-		
PHYSICIAN:	EXAMINER?	HOSPITAL:	netlant 2 1 DOA	OTHER:	PLACE OF DEATH (C					
HY.	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Til	WE OF 26c.	Injury AT	28d. DESCRIBE HOW	INJURY OCCUR	RED		
ВУР	Natural 5 Pending investigation	(Month, Day, Year)	IN	JURY M 1	WORK? YES 2 NO					
	3 Suicide 8 Could not b 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm,	street, fectory, o	ffice	261. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	onel	YSICIAN: To the best of my know								
	29b. SIGNATURE AND TITLE OF CERTIF	TIER			29c, LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
TO BE	STY	12)			037	134	1/2	10/90		
-	30. NAME AND ADDRESS OF PERSON OF SOLUTION	NHO COMPLETED CAUSE OF DO	Sight 4	e, Print)	enbelt h	0 20770				
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1841 2 200 1. Foundament Randell										

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

etified at once.

whed by the hospital or attending physician. **ARYLAND 21203-3146**

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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lised	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation of	STANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
and cor	burial,	atic e
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FUNE	within	TANT

1	- STATE REGISTRAR	STATE OF MAI					DEAT		MENTAL	REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)	DORIS H	, GAN		/				2. OATE OF	F DEATH DAY		YEAR	3. TIME OF DEATH 2: 36 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest b		IF UNDER	1 YEAR	IF UNDER	24 HRS	7. OATE OF	PIRTH		90 8 BIRTHE	LACE (State or Foreign
	137-24-3187	1 🗆 M 2 🔀 F	207	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, (9/09		Country)	Jersev
-	9e. FACILITY NAME (If not institution, give str	reet and number)	907		9b. CITY	TOWN C	R LOCATIO	N OF DE		3703	9c. COU	NTY OF DE	
۳ J	Greater Laurel Be	ltsville F	lospital		Lau	rel				- 1	P	rince	George
5	RESIDENCE OF DECEDENT												
DIRECTOR	10s. STATE 19b. COUNTY				Y, TOWN C	OR LOCAT	ION					- 1	10d. INSIDE CITY LIMITS?
	Maryland Howa	ra		La	urel	100	ZIP CODE				40 0/7		1 TYES 2 NO
FUNERAL	9439 Madison Aven	ue					0723						States
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2 NO	ED .		if yes, sp		, Mexica	n, Puerto Ric	(Specify Year an, etc.)	or No	14. RACE Black, Specify	- American Indian, White, etc.
3	15. OECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECE	DENT'S	USUAL O	CCUPATIO	IN at of working	,	16b. K	INO OF BUSI	NESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilie. D	Cle		January III	st of working		G	rocer	y St	ore	
Š	17. FATNER'S NAME (First, Middle, Last)									idle, Malden S	Surname)		
H H	Edward Elsner						Ch	arlo	tte B	rown			
10	19a. INFORMANT'S NAME (Type/Print)									City or Town			
	David Gandy	_							rel,	MD 2	0723		
	20a. METHOD OF DISPOSITION 1, Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE OF Other place OVET	OISPO	SITION (Na	me of cer	netery, crem	etory or				City or Tow	
H-	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENCEE	over	OOK			D ADDRES	0.05.54	OH ITW	D1.1	uget	.011, 1	lew Jersey
4	1111	Tion /	. (Inc			
	23. PART I. Enter the disesses, or c	10	ag.	2	7	601	Sand	ў šр	ring	Rd La	urel	MD	20707
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Interval Between Onset and Death COLAPSE DUE TO (OR AS A CONSEQUENCE OF): ACUTE MAY Carolial Imparation OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
PHTSICIAN: MEDICAL C	PART II. Other significent conditions i aluly Kelv	mulli mulli caci dossi	lus 1	ulting		nderlyin) cause g	iven in		24e. WAS AN / PERFORI 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA					ACE OF DE	EATH (Ch	eck only one)				
2	1 TYES 2 NO	HOSPITAL:		DOA	4 Nur		e 5 🗆 Res	sidence	6 🗆 Other ((Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJ (Month, Day,		28b. TIN	IE OF JURY M		URY AT RK? YES 2	NO	28d. DESC	RIBE HOW IN	JURY OC	CURED	
TED BY	2 Accident 3 Sulcide 6 Could not be determined	28e. PLACE OF It building, etc.	JURY — At home (Specify)	ome, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC												and manner as stated.
岩	296. SIGNATURE AND TITLE OF CERTIFIER of CERTIFIER		· mo	29c. LICENSE NUI			NUMBER 29d. DATE SIGNET 9 8 5 0 ► 1//			E SIGNED	Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO		OF DEATH (ITEM	27) (Type	, Print)	HE	PRYL		_			10- 3	20707
	31. DATE FILES WORD, ON YOU	32. REGISTRAR'S							,				

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH							
	Mary Louise Garland Jan. 16, 1990 10:30 at							
	8. SEX 6. AGE (In yrs. last birthday)							
	165-24-5347 1 M 2 XF 59 YRS. MONTHS DAYS NOURS MIN. (MONIO, Day, 1987) Country) Pennsylvannia							
- 1	DB. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	At her home Easton Talbot							
E C	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
# I	Maryland Talbot Easton 1 YES 2 NO							
	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?							
FUNERAL	12 Downing Street, Hyde Park 21601 U.S.A.							
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,							
	1 Never Married 2 Married FORCES? 1 YES 25 MO If yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:							
BY	White							
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
Щ	Elementary/Secondary (0-12) College (1-4 or 5+)							
AP.	8 Housewife							
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE	William Rickabaugh Eva Reed							
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
F	Stephen F. Garland Rt. 2 Box 284 Easton, MD 21601							
	20a. METHOD OF DISPOSITION 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State							
	4 Donation 8 Other (Specify) Metro Crematory, Inc. Catonsville, MD							
9	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY							
	Linda M. Meredith Rt. 1 Box 66B, Chester, MD 21619							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate							
	shock, or heart failure. Liet only one cause on each line. Interval Between Onset and Death							
	disease or condition \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\							
	DUE TO (OR AS A CONSEQUENCE OF):							
_								
CERTIFICATION	Sequentisily list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
S	CAUSE (Disease or Injury							
E	thet initiated events DUE TO (OR AS A CONSEQUENCE OF):							
ERI	resulting in death) LAST							
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS							
DICAL	PERFORMED? AVAILABLE PRIOR TO							
EDI	1 D YES 2 NO OF DEATH?							
ME	1 YES 2 NO							
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:							
175	1 VES 2 SNO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?							
ВУ	2 Accident investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office. 28s. PLACE OF INJURY — At home, farm, street, factory, office. 28s. PLACE OF INJURY — At home, farm, street, factory, office.							
	Suircle 8 Could not be 4 Homicide detarmined building, atc. (Specify)							
	29a. CERTIFIER A CERTIFICIAL PLANCICIAN, T. d.							
COMPLETED	Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Check only one							
8								
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year)							
5								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	Dr. Stephen P. Carney Dutchman's Lane, Easton, MD 21601 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							
	1 2 200 his Navidno Randelle							

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	PITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	ERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	P P
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STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		CE	ERTIFICATE	0	F DEAT	TH		REG	NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		0230	
	1. DECEDENT'S NAME (First, Middle, Last) FLOREN(Gr	EEN	/	2. DATE OF DEATH MONTH	-1990	3. TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER 172-05-1098	1 □ M 2 □ F	72 YRS. MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) _ 05-25-1/	'	Pennsylvani	
TOR	90. FACILITY NAME (If not institution, give si Greater Laurel Nur RESIDENCE OF DECEDENT			Laure	LOCATION OF DE	ATH	Prince	e George	
FUNERAL DIRECTOR		e George		own or Locati	ON			10d. INSIDE CITY LIMITS?	
VERAL	6942 Scotch Driv			2	20707	USA	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2) NO	If yes, spe		IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify Caucasian	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5+)	ille. Do NOT use r	k done during mos retired.)	t of working	16b. KIND OF BU	ISINESS/INDUST	RY	
	Unknown 17. FATHER'S NAME (First, Middle, Last)	Unknown	Sec	cretary		ME (First, Middle, Meider	Sumeme)	. of the Deaf	
TO BE	Martin Tshudy 190. INFORMANT'S NAME (Type/Print) Kenneth D. Green				d Number or Rural F	nce McClai noute Number, City or To urel Mary	vn, State, Zip Coo	⁵⁰⁾	
	Kenneth D. Green 6942 Scotch Drive, Laurel, Maryland 20707 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of complexy, crametory or other (Specify) 20c. LOCATION - City or Town, State other place) Baltimore Wash. Cremator Laurel								
4	21. SIGNATURE OF FUNERAL SERVICE LIC	lactes Moo	759		andy Spr	Fleck		l Home, Inc. Maryland 2070	
	23. PART 1. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	LUNG	ech ilne.		LOPD	n es cerdiec or resp	elratory errest	Approximete interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CEI	d. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part II.						N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/Outs	patient 3 DOA 4	OTHER:	ACE OF DEATH (Cho	6 Other (Specify)			
ву РН	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (INJUR	M 1 V	RK?	26d. DEŞCRIBE HOW			
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY building, atc. (Spe		eet, factory, office		261. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	one) 2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the basic of examination						euse(e) end menner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF THE STATE OF THE	& MULY	Mp	Perforably	D315	63	1/	GNED (Month, Day, Year)	
	CHARLES B 31. DATA RILED (Month, Day, Year)	ENNER MI	> 11161	NEWF	PAM PSH	IRE AVE,	SILVER	RSPRING MD	
	JAN 16 30	932. REGISTRAR'S SIGN	gandell					CUTUY	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

13-3140	ttending physician.	e as the burial-transit permit. Pages 1, 2, 3 should		
BALLIMORE, MARYLAND 21203-3146	ars after death. Page 6 may be retained by the hospital or	lled in by the funeral director, page 5 should be detached for u	n, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the hospital or attending physician.	70 THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	supportant: It tem 28 is marked or item 23 shows any injury or other traumatic event. The medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICA	TE O	F DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last) Gustave R	GRONLUND	715			JANUARY I	3, 1990'	3. TIME OF DEATH 7:35 P
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
215-44-7466	1 <u>X</u> M 2 □ F	84 YRS.	DAYS DAYS	HOURS MIN.	10-25-05		Sweden
9a. FACILITY NAME (If not institution, give	street and number)	91	b. CITY, TOWN C	R LOCATION OF DI	EATH	9c. COUNTY	
AMI DOCTORS' HOS	PITAL OF P.G.	CO. L	ANHAM -	- SEABRO	OK	PRINC	E GEORGE'S
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TV	100 CITY I	OWN OR LOCAT	TON			10d. INSIDE CITY
	P.G.		ollege				LIMITS?
10e, STREET AND NUMBER	r.G.			ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
6200 Westches	ter Park Dr	#605	1.0		740		S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC		NIC ORIGIN? (Specify Ye		
1 Never Married 2 Marriad 3 Widowed 4 Divorced	FORCES? 1 YES	2-1-NO	If yes, sp		n, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S US	UAL OCCUPATIO	ON of working	16b. KIND OF BU	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	Collega (1-4 or 5+)	(Give kind of world life, Do NOT use re		st or working			
12	0	Electr	ician		Fed.	Gov't	
17. FATHER'S NAME (First, Middle, Last)	_				ME (First, Middle, Malden		
Gustave J. Gr	onlund			Ellen	Carlstro)III	
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AI	DDRESS (Street a	and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	oten Md 2073
Carolyn Waes	sche	5920	Surra	atts V1	Ilage Dr.	.,CIII	nton, Md. 20735
20a. METHOD OF DISPOSITION **Dispuries** 2	moval from State	other place) Ced		netery, crematory or L1 Ceme			or Town, Blata ad, Md.
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	3					L Home, Inc.
> Jeriann	2 d k	ales	6633 Clir	3 01d Anton, Ma	lexander ryland 20	Ferry	y Road
23. PAR i. Enter the diseases, or shock, or heart failure	complications that cause b. List only one cause on a		enter tha mo	ode of dying, aud	th as cardiac or reep	iratory arree	t, Approximate interval Between
IMMEDIATE CAUSE (Fine) disease or condition reaulting in death)	Perpun	long on	ut				Onset and Death
	DUE D (OR AS	CONSEQUENCE OF):	lung				years
Sequentially list conditiona, If any, leading to immediate	DUE TO (OR AS /	CONSEQUENCE OF):					0
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST	d						
PART II. Other Aphificant condition				g ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	erota Hen	diso	-		1 🗆 YES	NO NO	OF DEATH?
					_		1 TYES 2 THO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only one)		
EXAMINER? 1 XYES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:		8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUI	RED
1 Netural 5 Pending	(Month, Day, Year)	INJUF	100	YES 2 NO			
2 Accident Investigation 3 Suicide 6 Could not b	280 PLACE OF IN HIP	/ — At home, farm, stre			28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
4 Homicide determined					, 5, 5.	•	
anal anal	/SICIAN: To the best of my know						
296. SIGNATURE AND TITLE OF CENTRE	of April	m N	7	29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Marriagolay, Year)
30. NAME AND ADDRESS OF PERSON V	4.1	ATA (ITEM 27) (Type, P	Print)			-11-2	Greenbelt,
31. DATE FILED (Month, Day, Year)	HARDING P32, REGISTRAD'S SIGN JUNIOSON	1325 G	REENK	, AY CEN	TER DRIV	٤ " 31	6 MD 20770
JAN I Y '9U	guna wuntur						

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inh	6	I	70
10	pee	t. 0	eh
The law requires that the beath continuate be executed within 2. mouns are beath, rays of interior by the respital of after	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	Dep	on 23 shows any latery or other traumatic event the medical examiner must be notified at once
110	le !	ite	200

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DIRECTOR

FUNERAL

BY

COMPLETED

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2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

部 2

15

2 Accident

3 Suicide

4 Nomicide

											90	025	07
FOR		STATE OF M	IARYLAND /	DEPART	TMENT	COE H	FAITH	AND	MENTAL HYGIEN	F			
. STATE REGISTRAR		Olling Olling	CI	ERTIF	CATE	OF	DEA	ГН	REG. NO.	-			
1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF DEATH		YEAR	3. TIME OF OEATN	
WAI	TER	L. GI	HOLSON						MONTH DA	/	950	7151	1 · M
4. SOCIAL SECURITY NUM	ВЕЯ	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)			LACE (State or Fore	ign
577-60-150	1	1 🕅 M 2 🗆 F	83	YRS.	MONTHS	DAYS	HOURA	MIN.	Dec 9, 190	6	Country) Mi	ssouri	
9a. FACILITY NAME (If not is	nstitution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF D		_	NTY OF OE	ATN	
CARRIAGE H	IILL-BE	THESDA			В	ETHE	SDA			М	ONTGO	MERY	
RESIDENCE OF DE													
10a. STATE	10b. COUNT	Υ		10c. CITY	,	OR LOCAT						10d. INSIDE CITY LIMITS?	
Maryland			Be	thes	da					YES 2 N	10		
10e. STREET AND NUMBER					10f. ZIP CODE 10g.					10g. CIT	IZEN OF WH	AT COUNTRY?	
5706 Harwick Rd.								2081	.6		U. S	. A.	
11. MARITAL STATUS	Marriad	12. WAS DECEDEN' FORCES? 1	EVER IN U.S. AR	NO	13.	WAS DEC	ENDENT C	of NISPA	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No-	14. RACE - Bleck,	- American Indien	١,
3 Widowed 4 Div		IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specif	ly:		Specify	White	2
	CEDENT'S EDU		(G	ive kind of w	NT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INOUSTRY of work done during most of working				OUSTRY				
Elementary/Secondery (0-12)	College (1-4 or 5+) Ife	Ite. Do NOT use retired.) Accountant				11 0 0					
12		3		AC	cou	ntan	τ		U.S.Gov	ernm	ent		
17. FATHER'S NAME (First, A							18. MOT	NER'S NA	AME (First, Middle, Maiden				
	Exs	tine Gho	lson						Mary 0	'Sha	У		
19a. INFORMANT'S NAME (Route Number, City or Tow				
Hermine C	. Ghol	son	5	706 H	larw:	ick	Rd.,	Bet	hesda, MD	2081	6		
20a METNOD OF DISPOSIT	TION	owel from State	20b. PLACE	OF DISPOS	ITION (No	ame of cer	netery, crer	natory or	20c. LO	CATION —	City or Tow	n, State	
4 Donation 5 Othe			Gate		avei	n Ce	mete	ry	Sil	ver	Sprin	g, MD	
21. SIGNATURE OF FUND	. SERVICE LI	CENSEE	۸		22.	NAME AF	O ADDRE	SS OF F	CILITY Joseph	Gaw1	er's	Sons	
Mich	lail	E.Me	lson						Av., Wash				
23. PART i. Enter the dehock, or t	diseases, or neert feilure.	complications the List only one ceu	t coused the de se on each line	eeth. Do n	ot enter	the mo	de of dy	ing, suc	ch as cardiac or respi	ratory ar	rest,	Approximati	tween
iMMEDIATE CAUSE (Fi disease or condition resulting in death)	inei		Em	06 5	0100	27						Onset and	Death
resuming in death)	,	DUE TO	(OR AS A COMSE	OUENCE OF):							1	

	202 10 (011 70 71 0040	EGGGAGE OF J.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A CONS	EOUENCE OF):					
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):					
PART II. Other algoriticant condition	_/ / _			in Part I.	24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATN	(Check only o	ne)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify)						
27. MANNER OF DEATN 1 Netural 5 Pending	26e. DATE OF INJURY (Morith, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? M 1 YES 2 NO		SCRIBE NOW INJURY OCCU	JRED	

29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and menner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 ___ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner as stated.

90. SIGNATURE AND TITLE OF CERTIFIER	1 Mm	29c. LICENSE NUMBER	29d. DATE SIGNED (Mogth, Day, Year)

19'90 Whic Davidson Randall

Investigation

6 Could not be determined

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a function of the formal director, page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnin be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumadic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO	_	8,90,233						
1	1. DECEDENT'S NAME (First, Middle, Last)	60	odale		2. DATE OF DEATH	199	3. TIME OF DEATH						
	110 11/808	S. SEX 6. AGE (In yrs. last	YRS. F UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)						
TOR	96. FACILITY NAME (If not Institution, give street and number) Chape fill Conv. Home Bandal/Stown Baltimore RESIDENCE OF DECEDENT												
DIRECTOR	Maryland 106. COUNTY	tinore	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 6: 15 ton Rd. 101. ZIP CODE 3/28 10g. CITIZEN OF WHAT COUNTRY?												
BY	11. MARITAL STATUS 1 Never Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)												
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12)	mpleted) (Gi	CEDENT'S USUAL Cover kind of work done On NOT use retired.)	during most of working	DIGAGE	SINESS/INDUST	ab Co.						
BE CON	17. FATHER'S MAME (First Middle, Lest)	Goodals	2_	16. MOTHER'S N.	AME (First, Middle, Maiden		scoe						
TO B	Jacqueline H	11585	2/9	Street and Number or Rural	Route Number, City or Tow		7/228						
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ramove 4 Donation 6 Other (Specify)	al from State	OF DISPOSITION (A	lame of semetery, crematory or	20c. 1.0	STRIA	or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Olet of	22	HOMES / FI	ritcher 15	0- h	6Stainster						
		mplications that caused the da st only one cause on each line	ath. Do not anta	r tha mode of dying, au	ch as cardiac or reap	iratory arrest	intarvai Between						
	immediate cause (Finsi disease or condition resulting in death) a. ACUTE CARD to RESPINATORY AMEST												
CERTIFICATION	Sequentially list conditions, It any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.												
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1000 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?												
N. M							1 TYES 2 DAG						
SICIA		HOSPITAL:	OTHE OTHE	26. PLACE OF DEATH (C									
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28d. DESCRIBE HOW	INJURY OCCUR	ED							
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ime, farm, street, fa	ctory, office		LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	onel	AN: To the best of my knowledge, de On the basic of examination end/or					auso(e) end manner ea stated.						
TO BE CO	29b. SHANDUH AND TITLE OF CERTIFIER	PHYSICIA		29c. LICENSE NO			IGNED (Month, Day, Year)						

32. REGISTRAR'S SIGNATURE HUNDER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (MONTH, 10) Booky

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ned by the attending physician and completely filled in by the funeral director, and a should be etached for use as	ith and Mental Hygiene prior to burial, cremation, or removal,	any injury or other traumatic event the medical evaminer mustake entitled
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STATE	0F	MARYL	AND /	DEPAR	TMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			CE	RTIF	CATE	01	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF						GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	ATH DAY	YEAR	3. TIME OF OEATH
		Den Heuvel	In yrs. last birthday)	IF UNDER	1 VEAD	IF UNDER	24 MD0	Jan 7. DATE OF BIR		990	M HPLACE (State or Foreign
	216 05 3899	1 X M 2 □ F 74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, May 9,	Year)	Count	sconsin
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY,	TOWN 0	R LOCATIO	ON OF DE	ATH	9c. C	OUNTY OF I	DEATH
DIRECTOR	Union Hospital of (Cecil County	7	Elk	ton			Cecil			
)IRE	10e. STATE 10b. COUNTY Maryland Cecil	1) (y, town o		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	19a. STREET AND NUMBER		TCOILC	WING	_	. ZIP CODE	-		100 (CITIZEN OF	WHAT COUNTRY?
FUNERAL	553 Bell Manor Roa	ad		21918					109.	U.S.	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 NO ATES	- F	f yes, sp		n, Maxicar	IIC ORIGIN? (Spen, Puerto Rican, e		Spec	E — American Indian, ck, White, etc. chy: ite	
8	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OC	CUPATIO	ON .		18b. KIND	OF BUSINESS		
<u>L</u>	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of the Do NOT us	vork done o ne retired.)	zunng mo	si of workin	g	Gen	eral I	ndust	rial
AP	8	To announce of the	Machini	st				Mac	hine S	Shop	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 8 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use redired.) Machinist 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use redired.) Machinist 17. FATHER'S NAME (First, Middle, Last) John Henry Van Den Heuvel 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Mary Gunns											
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, City	or Town, State,	Zip Code)	
2	Ruth N. Van Den He	euvel	553 Be	211 M	lano	r Rd.	, Co	onowing	o, MD	2191	8
	20s. METHOD OF DISPOSITION 1 Disposition Disposition Burlet Disposition Dispo	al from State P	other place) easant (STOVE	me of cer	netery, crem Ehodi	entory or	Cem.	Pleasa		ove, PA.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	1 1			D ADDRES			-1-		
	· Lalph	6 Hie	ks					r Funer		n, MD	. 21921
	23. PART I. Enter the diseases, or co shock, or heart failure. Li			not antar	tha mo	de of dyl	ng, auci	h ea cardlec o	r reapiratory	arreat,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel	1	1	2			11				Onset and Death
	disease or condition a. Les elve the transfer of the consequence of:										
z			nom &		~0	~ or					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): C. Hyper tensore Caus dio Vascula Disease C. Hype										
FIC	CAUSE (Disease or injury that initiated events	BUE TO (OR AS A	CONSEQUENCE O	γ <u></u> F):		na	001	vecs ca	ca D.) Ez	70
ERT	resulting in death) LAST	19rabe	effe	-1	he	lli	11	ns -			
AL C	PART II. Other algnificant conditions	contributing to death b	ut not resulting	in the Un	derlyin	g cause (given in	Part I. 24s. 1	WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
S	Recurse	et Trans	grent	LS	che	em'	CAH	Hack m	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					3.00						OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:		OTHER	₹:			eck only one)	_		
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Out	28b. TIN	E OF	28c. INJ	URY AT	sidenca	6 Other (Spec		OCCUREO	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY M	WC	YES 2	NO				
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURN building, stc. (Spe	— At home, farm,	street, fact	ory, offic			28t. LOCATION City or Town		nber or Rural	Route Number,
COMPLETED	onei	AN: To the best of my know									(a) and manner as stated.
TO BE (29h. SIGHATUME AND TITLE OF CENTIFIER	lal-KI	diti	ng		29c. LICI	22	307	29d.	DATE SIGNE	(Month, Day, Year)
	AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	MI) 12	38	THE	ER	LY	AVE -	ELK	TON	mp 21921
	JAN 1 6 '90	32. REGISTRAR'S SIGN									
		U									DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be new	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 has find within 72 hours after death with the State Deut, of Health and Mental Hotelee prior to build; cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netifi-

use as the burial-transit permit. Pages 1, 2, 3 should

1203-3146

	1 - STATE REGISTRAR		MENT OF HEALTH AND I	MENIAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	•		2. DATE OF DEATH MONTH DAY YE	3. TIME OF DEATH
- 1	ROBERT M	HAIRS	100	MONTH DAY YE	6.23 F M
	4. SOCIAL SECURITY NUMBER 5. SEX		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE DE BIRTH 8. 6	SIRTHPLACE (State or Foreign
	212-78-0659 1XM20F	31 YRS.	ONTHS DAYS HOURS MIN.	11/16-1958 E	= KTOM, MU
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR LOCATION OF DE		
DIRECTOR	HANGUND MEMOMA	L HOSP	HAVEE DE	GRACE HA	RFOND
2	RESIDENCE OF DECEDENT 10e. 6TATE 10b. COUNTY	10c, CITY.	TOWN OR LOCATION		10d, INSIDE CITY
	MO CECIL	I P	TRAY VILL	E	LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER		10f. ZIP CODE		OF WHAT COUNTRY?
E	365 BROMD ST	#5	2.19	03	150
5	11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. MAMED	13. WAS DECENDENT OF HISPAN		RACE American Indian,
۱ ا	IF YES, GIVI	1 YES 2 ND	If yes, specify Cuben, Mexica	The state of the s	Black, White, etc. Specify:
1 61	3 Widowed 4 Divorced		/		BLACK
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S U (Give kind of wo	rk done during most of working	16b. KIND OF BUSINES6/INDUST	RY A A ±
4	Elementery/Segonties (0-12) College (1-4 or	5+) Fn(C	MA	Illing Middle	SI CHAGIOS
COMPLE	12. FATHERS HAME (First, Middle) Last)	11010	MOTHER'S NA	ME (First, Middle, Maiden Surname)	(1 WITTUE)
	Imh dairston	1	KAS	VII 1-0001	`
BE	TOB. INFORMANT'S NAME (Type/Frint)	19b. MAJLING	ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip Coo	(0)
2	Rosay Long	1008 1	NISA LADO	. Charlestown.	m 21914
	20e METHDD OF DISPOSITION 1	20b. PLACE OF DISPOSE	TION (Name of cemetery, crematory or	20c. LOCATION — City	or Town, State
-	4 Donation 5 Other (Specify)	- M. a	mel church	Northea	St. MID
	21. SIGNATURE OF FUNGALL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	CILIDA 2503	
	- Choristi, Co	nach	0/0/1/201	COX LIFT	19805
Ť	23. PART I. Enter the diseases, or complications to	het caused the deeth. Do no	t enter the mode of dying, suc	h s cerdiec or respiratory street,	
	shock, or heart failure. List only one of IMMEDIATE CAUSE (Final	euse/on eech iina.			Interval Between Onset and Death
		AWTE	PULMONAN	Y EMBOLUS	
		TO (DR AS A CONSEQUENCE OF)	:		
Z	Sequentially list conditions, b.) FED VE	IN THROM	30713.	
HILICATION	if any, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEDUENCE OF)			
2	CAUSE (Disease or injury	TO (OR AS A CONSEDUENCE OF)	•		
	that initiated events reaulting in death) LAST				
S C	0.				
AL	PART II. Other significant conditions contributing	A STATE OF THE PARTY OF THE PAR	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	HHPERT			1 TYES 2 1 NO	COMPLETION OF CAUSE OF DEATH?
Σ	RENAL	FAILUZE		_	1 TES 2 JANO
N N	25. WAS CASE PREFERRED TO MEDICAL	·			
2	EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C) OTHER:	_	
PHYSICIAN: MEL		OF INJURY 28b. TIME	4 ☐ Nursing Home 5 ☐ Reeldence OF 28c, INJURY AT	6 □ Other (Specify) ER 28d, DESCRIBE HOW INJURY OCCUR	HMH.
	1 Astural 5 Pending (Month	, Day, Year) INJU		NIA	
1 64	2 Accident investigation 3 Suicide 8 Could not be	E OF INJURY At home, farm, st	/	261. LOCATION (Street and Number or I	Rural Route Number,
	4 Homicide determined buildi	ng, etc. (Specify)	\triangle	City or Town, State)	A
4	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bes			to the cause(e) and manner as stated.	
COMPLEIED	(Check only one) 2 MEDICAL EXAMINER: On the beside				suse(e) and menner as stated.
	29b. SIGNATURE AND TITUE OF CERTIFIER		29c. LICENSE NU	MBER 29d. DATE SI	GNEO (Month, Day, Year)
O BE	Gameshouth	DME	P 21		1-03-90
=	30. NAME AND ADDRESS OF PERSON WHO COMPLETED O	AUSE OF DEATH (ITEM 27) (Type,			
	GS. PRABHO 1810	BELAR	M #102	CAUSTON	40 21047.
	31. DATE FILED (Month, Day, Year) JAN 1 0 '90 JUN 32. Reggis	THAR'S SIGNATURE Randall	4		
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BALTIMORE, WARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CATE OF I		TYL	EG. NO.		
	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH
	EVA		4011			MONTH	DAY	YEAR	70
			HALL					90	/ FM "
	4. SOCIAL SECURITY HUMBER 5. SEX	1		IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,		6. BIRTH Countr	IPLACE (State or Foreign
	217-139-694010	M 2 🔽 F	77 Y YRS.	MONTHS DAYS	HOURS MIN.	10.05		Vir	ginia
	9a. FACILITY NAME (If not institution, give street and			9b. CITY, TOWN OR	LOCATION OF OF			JNTY OF D	
5	Residence: 100 Revo	lution St	reet	Havre	de Grac	e	F	Harfo	ord
3	RESIDENCE OF DECEDENT								
DEC.	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATIO	DH				10d. INSIDE CITY LIMPTS?
5	MO HAR	COM	140	TI A IN	NE	(1 B	1000		1 VES 2 NO
A.L.	10e. STREET AND NUMBER			TV 7 E 101.	710 0005	9	140- 00	TITEN OF Y	WHAT COUNTRY?
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NEN	100 PEVOLU	1100	ST H	205	210-	78		0	24
5	11. MARITAL STATUS 12. W	AS DECEDENT EVER	IH U.S. ARMED		NDENT OF HISPAN			14. RACI	E — American Indian,
L	1 Hever Married 2 Married	PRCES? 1 YES	2 X HO		HO Specify:		, etc.)	1 1	k, White, etc.
	3 🔀 Widowed 4 🗌 Divorced	TEO, GIVE WAN ON S	MIES	I LI TES A	NO Specify:			Spec	White
2	15. DECEDENT'S EDUCATION (Specify only highest grade complete	red)	16a. DECEDENT'S U	JSUAL OCCUPATION ork done during most retired.)	of working	- 1	OF BUSINESS/IH		
ų	Elementary/Secondary (0-12) Colla	ge (1-4 or 5+)		•		Har	ford Mer	moria	l Hospital
N. L.	Eleven Years		Nurse's	s Aide		Hav	re de Gi	race.	Maryland
5	17. FATHER'S HAME (First, Middle, Last)				16. MOTHER'S NAM			,	
5		1:-		- 1					
4	GEorge W. McGloth	11n			Ma	rtha D	 Jackso 	on	
1	19a. IHFORMANT'S HAME (Type/Print)		19b. MAILING	ADDRESS (Street and	d Number or Rural R	Route Number, Ci	ty or Town, State, Z	ip Code)	
-	Shirley Boulden		1537 1	Dr. Jack	Rd Co	nowing	o Md	2191	8
		15				HOWING			
	20a, METHOD OF DISPOSITION XX Burial 2 Cremation 3 Removal fro	om State	b. PLACE OF DISPOSI other place)	ITION (Name of ceme	stery, crematory or		20c. LOCATION -		
	4 Donetion 6 Other (Specify)		As	sbury Cer	metery		Port De	eposi	t, Maryland
	21. SIGHATURE OF FUHERAL SERVICE LICENSEE			22. NAME AHO	ADDRESS OF FAC	CILITY			
	D. A Qu		1	Lee A	A. Patte	rson &	Son Fur	neral	. Home
	4 134	nasisit			yville,				
	23. PART I. Enter the diseases, or complic	cations thet cause	ed the deeth. Do no	ot enter the mod	e of dying, such	n se cerdisc	or respiratory s	rrest,	Approximete
	shock, or heart fellure. List or	nly one ceuse on	each line.						interval Between
	IMMEDIATE CAUSE (Fine)								Onset and Death
- 9	disease or condition	~ ^ ·		AOT	LONG	0.	CAY	-	A 2.3 2.0
- 1	resulting in death)	01401	N - 27	1	C . C 7	101	, , ,	~	11 42.
	resulting in death) s.	DUE TO (OR AS	A CONSEQUENCE OF):	2.27	101.	, , , ,	٤	11576.
		DUE TO (OR AS):	6.27	101	, , ,		I H.C.
NO	Sequentially list conditions, b.	f>w	0		C.27			E	1177
ALION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):			,,	<u>e</u>	11 15 72 .
CALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):		101		<u> </u>	11 15 72 .
- 1	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):		1,01		<u> </u>	11 15 12 .
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):		1,01		C	11 15 12 .
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				C	11172.
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):			WAS AN AUTOPSY		D. WERE AUTOPSY FINDINGS
- 1	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions continued to the conditions continued to the conditions continued to the conditions continued to the cause of	DUE TO (OR AS	A CONSEQUENCE OF):): n the underlying	couse given in (Part I. 24e.	WAS AN AUTOPSY PERFORMED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
CAL CERIITI	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions continued to the conditions continued to the conditions continued to the conditions continued to the cause of	DUE TO (OR AS	A CONSEQUENCE OF):): n the underlying	couse given in (Part I. 24e.	WAS AN AUTOPSY		D. WERE AUTOPSY FINDINGS
EDICAL CERTIFIC	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions continued to the conditions continued to the conditions continued to the conditions continued to the cause of	DUE TO (OR AS	A CONSEQUENCE OF):): n the underlying	couse given in (Part I. 24e.	WAS AN AUTOPSY PERFORMED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
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COMPLETED BY PRISICIAN: MEDICAL CENTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions cont 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 2 Accident Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in the constant of the con	26. PLI OTHER: 4 Nursing Home E OF 28c. INJU MOF 1 YI treet, factory, office	Ceuse given in Control (Che Sendence International Control Interna	Part I. 24a. 1 1 25ck only one) 6 26d. DESCRIB 26f. LOCATION City or Tox to the cause(a)	WAS AN AUTOPSY PERFORMED? YES 2 JANO Decity) HE HOW INJURY On the control of t	CCURED er or Rural tated,	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
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REGISTRAR 1. DECEDENT'S NAME (First, Middle,	Lost)		CERTIF	ICATE OF	DEATH		REG. NO.		3. TO	ME OF DEATH
C	lyde:	Γ	1+A	72R		MON	TAN		PO I	Juk M
174-18-1401	/ 5. SEX 1 № M 2 ☐ F	6. AGE (In y	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	7. DAT (Mo	e of BIRTH 729/19	10	BIRTHPLAC Country)	E (State or Foreign
	TITC I LIKE	Э			OR LOCATION OF			9c COUNTY Wash		con
	ounty ishington			y, TOWN OR LOC					10d.	INSIDE CITY LIMITS?
100. STREET AND NUMBER 2011 Downs	ville Pik	ce		1	21740)		U.S	OF WHAT	
91. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	NO	If yea, s	CENDENT OF HIS pecify Cuban, Ma S 2 NO Sp			or No— 14.	RACE — A Black, Whi Specifi	mericen indian, ita, etc. Whit
15. DECEDENT' (Specify only highest Elamentary/Secondary (0-12)			(Give kind of vi	USUAL OCCUPAT york done during in the retired.) Caurant	nost of working	1	foo	d ser		
17. FATHER'S NAME (First, Middle, La Harry A	**)	er			18. MOTHER'S		, Middle, Maiden	Sumame) Bagle	v	
19a, INFORMANT'S NAME (Type/Print James Hafer)		195. MAILING	ADDRESS (Street	and Number or Ro	ral Floute Nu	mber, ChydDiD	Callete, Zip Co	ide)	17265
20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 C 4 Donation 5 Other (Specify	Removel from State	20b. PL	LACE OF DISPOS	SITION (Name of o	emetery, cremstory Cemeter	07	20c. LO	CATION — City	or Town, S	
21. SIGNATURE OF FUNERAL PERVI				22. NAME	AND ADDRESS OF	FACILITY	Place			_
Y	-1000 PA C	1 6. 1	Burner	F	lagerst	own	Md.	21740		
23. PART I. Enter the disease ahock, or heart fe IMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or complications the	et coused thuse on each	ne deeth. Do r	not enter the m		such as co	ordiec or reep			
ahock, or heart fe IMMEDIATE CAUSE (Finsi disease or condition	e. OUE TO	of cor as a co	ne deeth. Do n	P):	ode of dying,	such as co	ordiec or reep			Interval Between
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	l
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	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	¥	

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1. DECEDENT'S NAME		Eleanor		G.	Heef	ner	her		MONTI		y	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY	Quno	5, SEX	A AGE	'in yrs. lasi	hithdad	IF UNIQUE 1 YE		ER 24 HRS.	Ta	OF BIRTH	2		ACE (State or Ferware
		1 M 2 X F	77	-			YS HOUR		(Month	h Day Vaeri	27.2	Country)	/
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90. FACILITY NAME (#			_		- 1			TION OF DE	ATH			ITY DF DEA	
Washingto		/ Hospit	al			Hage	erstov	n			Was	hingt	on
RESIDENCE OF	10b. COUNT		_		to- OITY	TOWN OR L	00171011						0d, INSIDE CITY
1000	1000											10	LIMITS?
Penna.		anklin			Wa	ynesk	~						YES 2 ND
10e. STREET AND NUM							10f. ZIP C						AT COUNTRY?
9119 Rin	ehart Dr						17	268			U.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN								1? (Specify Yes	or No-		- American Indien,
1 Never Married		FDRCES? 1			Ю			barı, Mexicar D Specify		Rican, etc.)			White, etc.
3 Wildowed 4	Divorced					1	are.					-poony	White
15.	DECEDENT'S EDU	ICATION		16a. DE	CEDENT'S U	SUAL OCCU	PATION		16b	KIND OF BUS	INESS/IND	USTRY	
Elementary/Second	y only highest grade	College (1-4 or 5	4)	(Gi	ve kind of wo Do NOT use	rk done durir retired.)	ng most of wo	rking					
Elemental y/Second	2	College (1-4 or 5	τ,	Ora	.1 Hyg	ienis	t		D	ental	Offi	ce	
17. FATHER'S NAME (FI	ret Middle Leet)							THER'S NA		Middle, Malden			
Dani		Good						nna B			Surrennay		
		4004											
19a. INFORMANT'S NA				191						ber, City or Town			40
Mrs. Nanc		ζ		\perp					, Wa	ynesbo			
20e. METHOD OF DISP 1 IX Burlel 2 Cree		ovel from State	200	other of	OF DISPOSE	TION (Name	of cemetery, o	rematory or				City or Town	
4 Donation 5 0		TOVAL TIONI STATE	_	Gre	en Hi	ll Ce	menter	У		Way	nesb	oro,	PA
21. SIGNATURE OF FUI	HERAL SERVICE LI	CENSEE				22. NAI	ME AND ADD	RESS DF FAC					
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All	mi Z	serie				50) S. E	road	St.	Wayne	sbor	o. PA	17268
23. PART I. Enter to shock.	he diseases, <i>or</i> or heart fellure.	Complications the List only one ca	st cause	d the de	sth. Do no	t enter the	mode of	dying, suci	h es care	dlec or respi	ratory em	rest,	Approximate Interval Between
IMMEDIATE CAUSE	and the second second		400 0 0	1)		A		0					Onset end Death
disease or condition		(00	20	in	0 %	100	res						
resulting in deeth)	,	DUE TO	OR AS	CONSE	DUENCE OF)			•					A 588 W G
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resulting in death)		Pun	tree	1/1	101	1	nie	ugl	HON	T.Cf	no	soy Sy	41 12 hr
		a fully	INC	CA	00	cu	20			/~		1	C1 -1/2
PART II. Other sign	ificent conditio	ns contributing to	death b	out not r	esuiting in	the unde	rlying caus	e given in	Part I.	24s. WAS AN			VERE AUTOPSY FINDINGS
1	and	Tail	140	- 2						PERFOR			WAILABLE PRIOR TO COMPLETION OF CAUSE
7	-	- July	V- A						— 1	1 YES 2	KND	1 9	OF DEATH?
<u> </u>					•				_			1	YES 2 ND
25. WAS CASE REFERE EXAMINER?	ED TO MEDICAL	HOSPITAL:				OTHER:	26. PLACE O	F DEATH (Ch	eck only or	ne)			
1 TYES 2 TH	D .	HOSPITAL:	☐ ER/Out	patient 3			Home 5	Residence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)		286. TIME INJU		c. INJURY AT		28d. DE	SCRIBE HOW I	NJURY OC	CURED	
B 73	5 Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Duy, 1027		3,0,00		YES	⊇ □ NO					
2 Accident 3 Suicide	CONTRACT.	28e. PLACE	OF INJURY	/ — At ho	me, farm, st	reet, factory,	office			CATION (Street a	and Number	or Runal Ro	ute Number,
4 Homicide	6 Could not be determined	building	, etc. (Spe	clfy)					City	or Town, State)			
29e. CERTIFIER . No.						_							
(Check only		SICIAN: To the best o											
2	MEDICAL EXAMIN	ER: On the besie of	examinatio	n and/or	Investigation	, in my opin	ion, death o	cured at the	time, date	e end place, en	d due to th	ne cause(e)	end menner ee stated.
29b. SIGNATURE AND	TITLE DE CERTIFII	ER -					29c.	ICENSE NUM	MBER		29d. DAT	E SIGNED (Month, Day, Year)
C_	AL	1		m	V			1) /	21)	7	•	1/1	8190
30. NAME AND ADDRE	SS DF PERSON W	HD COMPLETED CAL	USE OF DE	ATH OTE	M 273 (Tress	Print)		///	0/-	/		111	7//
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31. DATE FILED (Month)	2 2 90	32. REGISTR											•
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be provided by the funeral director, page 5 should be detached to be provided to be provide	be filed within 72 hours are pears with the State uppl, or regult and mental hypere prior to other traumatic event, the medical examiner must be notified at once. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR			CI	ERTIF	ICATE	OF	DEA	TH		REG. NO			
1. DECEDENT'S NAME DON	(First, Middle, Last) CHES	THE D	HUBBA	מס					2. DATE MONTE	OF DEATH	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY I		5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		OF BIRTH		1990	5:05 A. HPLACE (State or Foreign
401-01-	3811-7	1 ፟ M 2 ☐ F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)	904	Coun	entucky
9a. FACILITY NAME (If		treet and number)	0.0		9b. CITY	, TOWN (OR LOCAT	IDN DF DE		. 20,3		INTY OF	
3619 GL	eneagle	s Drive	9		S	ilve	r Sp	ring			M	ontg	omery
10a. STATE	10b. COUNTY	Y		10c. CIT	ry, town o	R LOCA	TION						10d. INSIDE CITY LIMITS?
Marylan	d Mon	tgomer	y	Si	lver	Sp	rin	q					XX YES 2 NO
10e. STREET AND NUM	IBER						. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
3619 Gl	eneagle	s Drive	е			2	090	6			U	.S.	Α.
11. MARITAL STATUS 1 Never Married	2 Mondad		T EVER IN U.S. AF		13.	WAS DEC	ENDENT	DF HISPAN	NIC DRIGIN	1? (Specify Yar Rican, etc.)	or No-	14. RAC Blac	E — American Indian, ck, White, etc.
3 Wildowed 4			WAR OR DATES			YES	2 🚉 ND	Specifi	y:			Spę	White
15. (Spech	DECEDENT'S EDU	CATION completed)	10	the bearing and	Work done	of rate or man		ing	16b	. KIND DF BU	SINESS/IN	DUSTRY	
Elementary/Second	ery (0-12)	College (1-4 or 5	+)	. Do NOT u	ise retired.)	Pai	nte	r	-	-			
9			111	rar	y of	CC	-					ove:	rnment
17. FATHER'S NAME (FI		Track la a se	3							Middle, Maiden	Surnama)		
John Wi		nuppar		b MAILIN	CADDRES	Ctonet			Wag	ner ber, City or Tox	o Ctoto 7	in Codel	
Tressie		bard											30006
20a, METHOD OF DISP		Daru	20b. PLACE										d. 20906
1 Burial 2 Cree 4 Donation 5	mation 3 🗆 Rem	oval from State	other p	(ace)						ry I			
21. SIGNATURE OF FUI		CENSEE	2 /										al Home
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 works after	ture control of the control of the control of the control of the standing of the completely filled in by the fi
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	SIAIE UF MA			CATE O				REG. NO.			3. TIME OF OEATH
	- 1 . 1	ε. Ι	Hende	EN 5	(La			MONTH		400	YEAR	9:15 A M
			AGE (In yrs. last		IF UNDER 1 YEAR		24 HRS. MIN.				Country	
	9a. FACILITY NAME (If not institution, give street	et and number)	1 1		9b. CITY, TOW		0	EATN	23-12	9c. COL	NTY OF D	ington, D.C
CTOR	HARFORD Memo	rial H	ospita	1	HAURE	ede	GRA	ce		4	ARto	rd
DIRE	Maryland 10b. COUNTY	Cecil		10c. CITY	Perry							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER	D. 1			Ť	101. ZIP COD						VHAT COUNTRY?
FUNERAL	300D Carter Court,	12. WAS DECEDENT E	VER IN U.S. ARM	MED	13. WAS	DECENDENT	903 OF HISPAN	NIC ORIGIN	(Specify Yea			- American Indian,
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1		0	If yes	specify Cub rES 2 A NO	sn, Mexica Specifi	in, Puerto R y:	icen, atc.)		Specif	y: Black
COMPLETED			(Gh	ve kind of w Do NOT us		most of work		A		n Pr	ovin	g Ground
COMPL	Six Years 17. FATNER'S NAME (First, Middle, Last)		Но	usek	eeping	_			berdee		lary1	and
ш	William Hen	ry Young	3			10. 100		zabe		,		
TO BE	19a. INFORMANT'S NAME (Type/Print) Frances B. Banks				ADDRESS (Stre							Perryville
	20a METHOD OF OISPOSITION 1	ral from State		OF DISPOS	ITION (Name of	cemetery, cra	matory or		20c. LO	CATION -	- City or To	wn, State
	4 Donetion 5 Other (Specify) 21. SIGNATUME OF FUNERAL SERVICE LICEN	NSEE		bei		AND ADDRE	SS OF FA					Maryland
	1- 1- 1000 S. Far	HELDON	3.5			e A. F cryvil			& Son land	Fur	neral	Home
	23. PART I. Entar the diseases, or con ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition an analysis in death)	CERES	On each line.	SCU C	AR S		50		100 01 100pt	Tutory o	,	Approximate Interval Between Onset and Dasth
RTIFICATION	Sequentistly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	R AS A CONSECU	NUENCE OF	F):							20485
SAL CE	PART II. Other significant conditions	contributing to de	eath but not re	eaulting (in tha undari	ying cauaa	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN: M	25. WAS CASE REFERRED TO MEDICAL	-			20	. PLACE OF	DEATH (C)	hack only on	0.1			1 YES 2 NO
SICIAN	EXAMINER?	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:							
у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	JURY Year)	28b, TIM INJ	URY	INJURY AT WORK?	□ NO	28d. DES	CRIBE HOW I	NJURY O	CCURED	
TED B	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF I building, etc	INJURY — At ho c. (Specify)	me, farm, s	street, factory,	office			ATION (Street a or Town, State)		er or Rural I	Route Number,
O BE COMPLETED BY PHYSICIAN: MEDIC	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI 2 MEDICAL EXAMINER:	_										a) and manner as stated.
TO BE C	0 0 0000 1 0000	ND.				29c. LIG	32	MBER GOG		29d. DA	1	(Morith, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO KAMEUDINE MITTER					T- HA	VRE.	DE G	RACE	M	0211	67 g
	31. DATE FILED (Month, Day, Year) JAN 1 8 '90	12. REGISTRAPIS	S SIGNATURE	ielle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. As after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TOTAL THE PARTY OF

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTI	FICAL	E OF	DEATH	n	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF OEATH
	CARLTON R.	HARRIS					MONTH	DAY	, 199	RABY	1.30 D M
	4. SOCIAL SECURITY NUMBER						Jan.				TiJU P
			GE (In yrs. last birthday	MONTHS	DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, De			Country)	PLACE (State or Foreign
	220-03-4506	1 M 2 - F	76 YRS.	WONTHS	DATE	noons win.		20 1	3 1		yland
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CIT	Y, TOWN O	R LOCATION OF DE	ATH		9c. COUNT		
œ		Mary Market		0.		3 10 10 10 10 10			m = 11	h - 4	
<u>ē</u>	Main Street			1 00	ordo	va			Tall	DOT	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	·	Lune	HTV TOWN	OR LOCATI	ION					10d. INSIDE CITY
2	The state of the s	bot				ON				- 1	LIMITS?
۵	Maryland lai	JOC.	Co	ordov	va						1 X YES 2 NO
7	10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
2	Main Street					21625			II	.S.	7)
FUNERAL	11. MARITAL STATUS	T									_
윤	1 Never Married 2 X Married	12. WAS OECEOENT EVE FORCES? 1 \(\subseteq \text{ Y}		13.	If yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (S n, Puarlo Rica	pecify Year n, etc.)	or No — 14	4. RACE Black,	American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR O				2X NO Specify				Specify	
	3 Widowed 4 Divorced								1	wh	nite
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, OECEDENT	'S USUAL O	OCCUPATIO	N	16b. KJA	O OF BUS	INESS/INDUS	STRY	
ы	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT	use retired.	e during mos	st or working					
\equiv	8	College (I-4 of 5 +)	9100	tri	cian			100	trica	a 1	
Ξ			erec	CLIC	стап					ат	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden S	Surname)		
Ш	Edward Harris					Ella	Warne	er			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	SS (Street a)	nd Number or Rural			State Zio C	(ode)	
2											
	Ethel P. Harri					Cord	lova,		216:		
- 9	20a, METHOD OF DISPOSITION 1 Dent.	15/90	20b. PLACE OF DISP other place)	POSITION (A	Name of cert	netery, crematory or		20c. LOC	CATION - CH	ty or Tow	rn, Steta
	4 Donation 5 Other (Specify)	IOVAI ITOM State	Spring	Hi'	11 C	emetery	7	Ea	ston	. M.	aryland
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22		D ADDRESS OF FA		200	00011		/ =
	· 110 x 1	lown II	1006) 1		am Fune		Home			
	W. Fr. Never	lown de	CHOW	· i		on, Mar					
	23. PART I. Enter the diseases, or								ratory array	nt .	Approximeta
	shock, or heert fellure.			o not onto	or the mo	de or dying, suc	il se caroloc	or respir	atory orres	or's	Interval Between
	IMMEDIATE CAUSE (Final										Onset and Death
		A D .	d	*							Onset and Death
	disease or condition	. Color	n Car	نک	more	ia					Oliset and Death
H		s. Cylor	AS A CONSEQUENCE	OF):	ngu	ia					Onset and Death
	disease or condition	s. DUE TO (OR	M CONSEQUENCE	OF):	nou	ia					Onset and Death
NC	disease or condition resulting in death)	b			nou	ia					Officer and Death
TION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE		nou	ia					Oliset and Death
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IFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR A		OF):	ngu	ia					Oliset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR A	AS A CONSEQUENCE	OF):	ngu	ia					Oliset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR A	AS A CONSEQUENCE	OF):	ngu	ia					Cliset and Death
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	AS A CONSEQUENCE	OF):	undertylng	g ceuse given in	Part I. 24	a. WAS AN			WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE	OF):	underlying	g ceuse given in	- 22	PERFOR	MED?	1 - 12	WERE AUTOPSY FINDINGS
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE	OF):	underlying	g ceuse given in	- 22		MED?	1 - 12	WERE AUTOPSY FINDINGS
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EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE	OF):	underlying	g ceuse given in	- 22	PERFOR	MED?		WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam	umatic ev	or other tra	rs any injury,	ет 23 вном	narked, or i	item 28 is 1	ORTANT: If	IMP
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	to burial, o	I Hyglene prior	ealth and Menta	ate Dept. of H	ath with the Si	hours after de	led within 72	De fi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	an and com	ending physicis	igned by the att	ate has been s	ter this certific	DIRECTOR: Af	HE FUNERAL	101
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death,	executed a	th certificate b	res that the dear	The law requi	IG PHYSICIAN:	OR ATTENDIA	HE HOSPITAL	10
S, BALT	13146	O. BO)	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL REC	N OF VI	DIVISIO		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) CAPOR PRINTIPOLITY OF PR

	*****					MY	YEAR	3. TIME OF DEAT			
MARY G.	HYDEMAN 5. SEX S. AGE (I	n yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH			11:45	A M		
18736865	1 □ M 2 😾 🛣	85 YRS.	MONTHS DAY		(Morith, Day, Year) 02/28/		Country) PENNSYLVANIA				
9a. FACILITY NAME (If not institution, give str	eet and number)	-	96. CITY, TOV	VN OR LOCATION OF D			ITY OF DE	ATH			
ST. LUKE LUTHERA	N HOME		BALT	Γ.		В	BALT	IMORE	COU		
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION		10d. INSIDE CIT			,		
MD. BALT		B <i>l</i>	ALT.				1 - YES 2 X No				
10e. STREET AND NUMBER			21207		_	TIZEN OF WHAT COUNTRY?					
7600 CLAYS LANE	7600 CLAYS LANE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U				NIC ORIGIN? (Specify Ye		U.S.A.				
1 Never Married 2 Merried	FORCES? 1 YES	2 NOV	If yes	, specify Cuban, Mexic	en, Puerto Rican, etc.)	Black, Specify	White, etc.				
3 Widowed 4 Divorced			1	YES 2 NO Specif			Ороспу	WHITE			
15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	work done during	ATION g most of working	16b. KIND OF BU	JSINESS/IND	USTRY				
Elementary/Secondary (0-12)	College (1-4 or 5 +)			TEACHER	地DU	N					
17. FATHER'S NAME (First, Middle, Last)		5(SCHOOL TEACHER EDUCATIO								
HARRY A. GRAFF				LOUI	SE HECKM	AN					
19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Str	eet and Number or Rural	Route Number, City or To	wn, State, Zip	Code)				
R. MCNAIR					B ALT. N		-	207			
20e. METHOD OF DISPOSITION 1	wal from State	other place OF DISPOS	SITION (Neme o KTOWNE	CREMATORY	20c. L(YORK	City or Tow PA	m, State			
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAM	E AND ADDRESS OF F	ACILITY						
· Mitaball	Dackson				SON FUNERAL			0.0			
23. PART I. Enter the diseases, or co	4		1 120	D. E. MAKKE	ET ST., YOU	IN . FP					
	omblications that caused	the death. Do i			The state of the s	CARLOTTICS AND PERSONS ASSESSMENT			ata		
ahock, or heart fellure. L			not enter the	mode of dying, au	ch as cerdiec or resp	oiratory arr	eat,	Approxim	etween		
ahock, or heart feliure. L IMMEDIATE CAUSE (Final disease or condition			not enter the	mode of dying, au	ch as cerdiec or resp	oiratory arr	eat,	Approxim	etween		
ahock, or heart fellure. L IMMEDIATE CAUSE (Final			not enter the	mode of dying, au	ch as cerdiec or resp	oiratory arr	eat,	Approxim	etween		
ahock, or heart feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)			not enter the	mode of dying, au	ch as cerdiec or resp	oiratory arr	eat,	Approxim	etween		
ahock, or heart feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate			not enter the	mode of dying, au	The state of the s	oiratory arr	eat,	Approxim	etween		
shock, or heart feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A		Herel Herel F: e Car	mode of dying, au	ch as cerdiec or resp	oiratory arr	eat,	Approxim	etween		
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WILLIAM BUILTY TAXES:

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aus after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	E	ERTIFICATE	0	F DEAT	TH		REG. NO.

1 - STATE REGISTRAR	S	TATE OF MARY					EALTH AND M	MENTAL	HYGIENI REG. NO.				
1. DECEDENT'S NAME (First, Middle MILDRE)	,	K	H	ELFER				JANUARY DAY 14,19			996	3. TIME OF DEATH 9:51am M	
4. SOCIAL SECURITY NUMBER 217 34 1670	1[M 2 ₹ ₹	E (In yrs. lest	YAS.	ONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Sept	Dey, Year)		Was	hington D.C.	
99. FACILITY NAME (If not institution AMI DOCTOR'S RESIDENCE OF DECEDE	HOSPI		G. CO				AMSEAB			9c. COU	PR.	INCE GEORGE"	
10e, STATE 10b.	COUNTY	George's		10c. CITY,	TOWN OF		ON					10d. INSIDE CITY LIMITS? 1 Y YES 2 NO	
100. STREET AND NUMBER 12905 Clearfie						101.	ZIP CODE					what country? States	
11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE					S. ARMED 13. WAS DECENDENT OF NISPANIC OF IT yee, specify Cuben, Mexicen, Pure to the control of the control o					C ORIGIN? (Specify Yee or No— 14. RACE - Black,		
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	st grade comp	ON oleted) bilege (1-4 or 5 +)	(Gi life.	CEDENT'S US ve kind of woi Do NOT use	rk done d retired.)	uring mos	t of working		C. GO				
17. FATHER'S NAME (First, Middle, L FRED PFEIFFER							18. MOTNER'S NA UNAVAI	LABL	E				
190. INFORMANT'S NAME (Type/Pri MILDRED SIMON				12905	CLI	EARF	IELD DRI					20715	
20s METHOD OF DISPOSITION 1 XI Buriel 2 Cremetion 3 4 Donetion 6 Other (Special	(y)	from State	other ple	LINC	OLN	CEME			111	CATION — NTWO(ARYLAND	
21. SIGNATURE OF FUNERAL SER	+ E.	Evan	S	DA		Beal	D ADDRESS OF FA L1-Evans OO Annape	Fune				vland 20715	
23. PART I. linter the disease whock, or heart filmmeDiATE CAUSE (Final disease or condition resulting in death)		only one cause or	each line	اميد	t antar							Approximate interval Between Onset and Death	
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6	DUE TO (OR A	lun	cli	Ving de	سر دئر دسا	bity	rele	wit	4			
PART II. Other significant co	nditions co	ontributing to deati	h but not r	esuiting in	tha un	derlying	grause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MED EXAMINER?	H	OSPITAL:	Outpatient 3		OTHER Winn	6:	ACE OF DEATN (Ch						
27. MANNER OF DEATH 1 Netural 6 Pendi		28e. DATE OF INJUI (Month, Dey, Yea	RY (r)	28b. TIME INJU	OF	28c. INJ		_	CRIBE HOW I	NJURY OC	CCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									Route Number,				
one)		d: To the best of my ki										a) end manner as stated.	
296. SIGNATURE AND TITLE OF C	ERTIFIER			>			29c. LICENSE NUI	S 6		29d. DA	TE SIGNED	0 (Month, Day, Year)	
ORO D. MON	Jawe	OMPLETED CAUSE OF		M 27) (Type, 1		ode	e 8K	Rd	- l	مس	ماد	u MD	

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho		IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
the	2	10
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npleteh	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
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	1 - FOR STATE REGISTRAR	STATE OF MARYI	CEF	EPARTME RTIFICA	NT OF F TE OF	DEATH AND	MENTA	L HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	>0	H		2		2. DATE	OF DEATH	AY O	YEAR	3. TIME OF DEATH
		AER J.	(In yrs. last b	inthology IE IB	SE 20	JIF UNDER 24 HRS.	7 DATE	OF BIRTH	3 - 9	A BIRTH	8 30 A M
			68	YRS. MONTH	1	HOURS MIN.	(Mont	h, Day, Year)	1921	Countr	
	9e. FACILITY NAME (If not institution, give stre		-	9b, C	ITY, TOWN	OR LOCATION OF E		. 10		NTY OF D	
OH	Anne Arundel General Hospital Annapolis Md. Anne Arund								nde1		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CITY, TOW	N OR LOCA	TION					10d. INSIDE CITY
8	Maryland Anne A	runde1		Annap	olis						LIMITS?
AL	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
NEH	1677 Forest Drive					1403					d States
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	D	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexic	en, Puerto		s or No—	14. RACE Black	E — American Indian, k, White, etc.
ВУ	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR	DATES	NO	1 TYES	2 NO Spec		IO		Speci	White
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	(TION ompleted)		DENT'S USUAL			16b	. KIND OF BU	SINESS/INI	DUSTRY	
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	o NOT use retire	d.)	or or violating					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Tru	ick Con	pany	16. MOTHER'S N	ASSE (Film)	Owner	0		
	James Elmer Hom	hora				200	,	Roge:	,		
BE	190, INFORMANT'S NAME (Type/Print)	Derg	19b. (MAILING ADDR	ESS (Street	and Number or Rura				p Code)	
2	Jerome E. Homber	g	3	880 Mc	on Be	am Ave.	Hunt	ingto	wn Md		
	20e. METHOD OF DISPOSITION 1 Page 1 2 Cremetion 3 Remove	rel from State	0b. PLACE OF other place	DISPOSITION	(Name of ce	metery, crematory or			CATION —		
	4 Donation 5 Other (Specify)		G			Cemetery		G1	enBur	nie	Maryland
	21. SIGNATURE OF TUNERAL SERVICE LICE	ESEE 6	_	0		nd Address of F		ral H	ome,	P.A.	
	DOGEN C	wans	2 /	res.							and 20715
	23. PART I. Enter the diseases, pr co ahock, or heart failure. Li	mplications that cause ist only one cause on	ed the deat each line.	h. Do not ar	tar tha mo	de of dying, au	ch aa car	diac or reap	olratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	7									Onset and Death
	resulting in death) a.	RESIDE TO FOR AS	A CONSEOU	ENCE OF:							
z											İ
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEOU	ENCE OF):							
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OD AC	4 00105011	ENOS OF							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEOU	ENCE OF):							j
CE	d.										
AL	PART II. Other aignificant conditions	contributing to death	but not rea	ulting in the	undariyin	g cause given i	n Part I.	24a. WAS AI PERFO	N AUTOPSY	24t	AMILABLE PRIOR TO
DIC	CHF, COPP,							1 TYES	2NO		OF DEATH?
ME											1 YES 2 HNO
AN	25. WAS CASE REFERRED TO MEDICAL				26 P	LACE OF DEATH (C	Shack only o	vael.			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	rtpetient 3		IER:	ne 5 🗆 Realdence					
νНΥ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	γ	28b. TIME OF	28c, IN	JURY AT	_	SCRIBE HOW	INJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(YES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF INJUF building, atc. (Sp	RY — At homo occify)	e, farm, street,	factory, offi	:0		CATION (Street or Town, State		or Rural	Route Number,
ET	an convicien		-								·
COMPLETED	(Check only	IAN: To the best of my kno : On the best of examinat									e) and manner as sisted
	29b-SIQNATURE AND TITLE OF CERTIFIER		enaret im	- Jangarions, at 1	, opinoit,	29c, LICENSE N		- and place, t			D (Month, Day, Year)
BE	Muer a MS	14)			DSSO				111/	
5	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF L	DE ATH STEAM	OTO CE Delaw			,		1		

2600

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

136

136 Holida 31. DATE FILED (Morith, Day, Year) JAN 18 90

C+ Annapols

32. REGISTRAR'S SIGNATURE
Fidia Davidson-Randelle

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	PAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR Certif						YGIENE EG. NO.			
	1. DECEMENTS NAME (First, Middle, Last RUTH ELIZABE		HESS					2. DATE DEL	-	1990) 3. TO	MEDEDENIUPM
	4. SOCIAL SECURITY NUMBER 561–30–6830	5. SEX 8. AGE	1 M 2 MALE 79 YRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (MCV1 040/11 8. BIRTHPLACE (State or Foreign MARYLAND)				
TOR	98. FACILITY NAME (If not institution, give street and number) SYKESVILLE ELDERCARE CENTER 96. CITY, TOWN OR LOCATION OF DEATH SYKESVILLE CARROLL											
FUNERAL DIRECTOR	100. STATE 10b. COUN	BALTIMORE 10° CVATONSVIPLEE							10d. INSIDE CTY LIMITS!			
ERAL	100. STREET ON NUMBER FARM	COURT			101.	ZIP CODI	212	228	-10	0g. CITIZEI	N OF WHAT	фолитил
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GREENWAR OR D	2 NO			city Cube	n, Mexicar	IC ORIGIN? (S n, Puerto Ricer		No 14	Black, Whi	merican Indien, ite, etc. ITE
COMPLETED	15. DECEDENT'S Et (Specify only highest gre Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of ilia. Do NOT u SEAMS	work done ise retired.)	during mos	N at of worldr	ng	16b. KIN	SEW	FACT		113
BE CON	17. FATHER'S NAME (First, Middle, Last) VERNON C. SMIT	Н				18. MOTI	HER'S NAI	ME (First, Middl NNIE R	e, Meiden Sur EBECC	A HAF	RTSOCI	(
TO B	190. INFORMANT'S NAME (Type/Print) RUTH A. GALLAG		196. MAILING 5 RO	ADDRES	s (Street ar G FA]	nd Number RM C	or Rural F OURT	CATONS	City or Town, S VILLE	itate, Zip Co	MD	21228
	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE OF DISPO	HILL	CEM	ETER'	Y		N.	EAR V		BORO, MD
	21. SIGNATURÉ OF FUNERAL SERVICE	11011	Dlew	22.	NAME AN			SBORO,				u 50115
	23. PART I. Enter the diseases, o ahock, or heart fellun IMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. Liet only one ceuse on e	ach line.					h aa cardlec	or reapirat	ory arres	it,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE (OF):	len	n i	,					
MEDICAL	PART II. Other algnificant conditi	ons contributing to death t	out not resulting	in the u	ndariying	ceuse :	givan in	100	PERFORME	D?	CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION DF CAUSE DEATH? YES 2 \(\subseteq \text{NO} \)
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHE	R:			eck only one)				
	27. MANNER OF DEATH 1 Netural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TI	1	26c. INJ			6 Other (S)	BE HOW INJU	URY OCCU	RED	
TED BY	2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Spe		, street, fac	tory, office				ON (Street end own, State)	Number of	Rural Route	Number,
COMPLETED	Check only	YSICIAN: To the best of my know										I manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CENTIL	MER	М	1			ENSE NUI		2	Ped. DATE	SIGNED (Mod	nth, Day, Year)
10		VJLA, M.D.	SYOU	Oe, Print)	D (COUL	2Y	RD.	RANI	ALLS	TOW N	H) 21/23
	JAN 22 '90	32. REGISTRAR'S SIGN	vidono Propo									
												DHMH-16 Rev 1/89

3. TIME OF DEATH

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VISION OF VITAL RECORDS, P.O. BOA 13146,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
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FOR

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STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

550 90 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 59 1 M 2 F Pennsylvania 207-22-0115 VRS April 193**d** Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Washington County Hospital DIRECTOR Hagerstown Washington RESIDENCE OF DECEDENT 10a, STATE 10h, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Boonsboro 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7537 MCClelland Ave. 21713 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 🔀 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify B white 3 Widowed 4 Divorced or use as COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5+) 12 vardmaster railroad 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Leroy S. Hite Helen Shoop स्र BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 J. LaFawn Hite 7537 McClelland Ave., Boonsborog, Md. 21713 be 20a. METHOD OF DISPOSITION

↑★ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Cedar Lawn Memorial Park Hagerstown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart fallure. List only one cause on each line Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the cremation, disease or condition resulting in death) 2 months event, OF TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING phior CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events resulting in death) LAST 0 23 shows any injury, 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL and PERFORMED? 1 YES 2 -NO of Health OF DEATH? behinetire 1 YES 2 NO Gronary PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item State **EXAMINER?** 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) the 6 28b. TIME OF 28c. INJURY AT WORK? 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 Matural 5 Pending 1 YES 2 NO В death 2 Accident TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deat IMPORTANT: If Item 28 is m: 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide DIRECT POURS 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Mucy 21/40 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JAN 2 2 90 32. REGISTRAR'S SIGNATURE Tubia Davids -Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Russell Bailey HITE

2. DATE OF DEATH MONTH

DHMH-18 Rev 1/89

3. TIME OF DEATH

9:15 P

> **Approximate** Interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO

1 - FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

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	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	217-44-0720	1 M 2 X F	80 YRS.	MONTHS DAYS	HOURS MIN.	Dec. 7,19	09 1	Vash., DC
A	Se. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	3333 University	Blvd. W. # 1	L10	Kens	sington		Mont	gomery
E E	10a. STATE 10b. COUNT	Υ	10c. C	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
	MD Mo	ntgomery	Kε	nsingtor	1			1 X YES 2 NO
3AL	10e. STREET AND NUMBER			10	01. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	3333 University	Blvd. W. # 1	L10		20895		U.S	.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR		If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	e or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
0	15. DECEDENT'S EDU		18a. DECEDENT	S USUAL OCCUPAT	ION	166. KIND OF BU	SINESS/INDUS	TRY
<u></u>	(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	work done during muse retired.)	nost or working			
COMPL	12		Exec	utive Se	ecretary	Fe	d. Gov	't.
O	17. FATHER'S NAME (First, Middle, Last)				1	ME (First, Middle, Malder		
E C	Charles W. Morga	n			Laur	a Bell Far	r	
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street		Route Number, City or Tox		de)
5	Charles. A. Hai	16	412 F	lawthorn	Rd. Balt	., MD 2121	0	
	20m: METHOD OF DISPOSITION	2	Ob. PLACE OF DISP		emetery, crematory or			or Town, State
	1 Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from Stata	Cate of	Heaven	Com		dlaror	Spring., MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Gate OI	22. NAME	AND ADDRESS OF FA	I CILITY	TIVEL	Spring., Fib
4						s Sons, I		
				5130	WI Ave.	NW Wash.,	DC 200	16
ERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	6	A CONSEQUENCE	304	s arte	ry dise	esp	Ammelier Years
MEDICAL CEI	PART II. Other algorificant condition Chronic gene				ng cause given in Lity	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL	T		26 1	PLACE OF DEATH (CI	beat actuace)		
SICI,	EXAMINER?	HOSPITAL:		OTHER:				
Ι¥S	27. MANNER OF CEATH	1 Inpetient 2 ER/O		_	vJURY AT	8 Other (Specify) 28d, DESCRIBE HOW	IN HIMY OCCUR	nen .
ву РНУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Dwy, Year)	M 1	YORK? YES 2 NO	280. DESCRIBE HOW	INJURY OCCUP	160
ETED	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJU building, atc. (S)	RY — At home, farm pecify)	, street, factory, off	lon	26f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
PL	Conden only	SICIAN: To the best of my known to the best of axaminating						cause(s) and menner as stated.
TO BE COM	196. SIGNATURE, AND TITLE OF CERTIFIE FILEMANN	delana/1	hal		29c. LICENSE NU		> 1/	IGNED (Mogth, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED OFFICE OF	DESTINATION OF					
		EANEY, M	0 4323	HAVAR	of S	SILVER S	PRING,	40 20906

Constance M. Haile

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

HAILE

2. DATE OF DEATH MONTH

DHMH-18 Rev 1/89

	once.
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ď.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
le State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	medical
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI			MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			IME OF DEAT	н
1	David Dallas Ingr	am				Jan. 8,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	rear 1	0:15	Рм
	4. SOCIAL SECURITY NUMBER 6.	SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	(Month, Day, Year) Country)			CE (State or Fo	reign
	220-28-2741 9a. FACILITY NAME (If not institution, give street	M 2 □ F 58	R LOCATION OF DE	1/17/31 Maryland			-			
OR	2329 Dargan Road	ourg		Wash	ingto	n				
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	E OF DECEDENT						10d	. INSIDE CITY	
DIR	Maryland Washin	aton	Shar	psburg				1 [LIMITS?	NO
AL	10e. STREET AND NUMBER	300	0.1.0.1		ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?	
ER.	2329 Dargan Road				21782		US	Α		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried	E. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATI Korean War	S. ARMED 2 NO ES	If yes, spi		IC ORIGIN? (Specify n, Puerto Ricen, etc.)		Black, Wh Specify:		en,
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con	ION 1	6a. DECEDENT'S US	BUAL OCCUPATION	ON et of working	16b. KIND OF	BUSINESS/INDUS			
COMPLETED		College (1-4 or 5+)		k done during mo- etired.)						
MP	11		Carpente	er/Forer			ruction			
	17. FATHER'S NAME (First, Middle, Lest) Jesse Arnold Ingra	m				me (First, Middle, Mail cet Mary				
8	190. INFORMANT'S NAME (Type/Print)	111	19b. MAILING A	DDRESS (Street e		Route Number, City or		ode)		
2	Phyllis K. Ingram		2329 [argan F	Road - St	narpsburg	, MD 21	782		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	PLACE OF DISPOSIT	ION (Name of cen	netery, crematory or	20c.	LOCATION — CH	y or Town,		
	4 Donation 5 Other (Specify)		amples Ma	nor Cer	Netery ID ADDRESS OF FAC	S	amples	<u>Manor</u>	·, MD	
	Delut L. x	Pone		Eack?	les-Spend	er Funer				
	23. PART i. Enter the diseases, or con shock, or heart fellure. List	islications that caused to	ha desth. Do not	entar the mo	da of dying, suci	h se cerdisc or re	spiratory srrss	it,	Approxim	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chartya Acad Acad Acad Acad Acad Acad Acad Aca									
	DUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions, If any, leading to immediate									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury									
H	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):							
S	d					- 14				
A.	PART II. Other significant conditions of	ontributing to death but	not resulting in	the underlying	g causa given in		AN AUTOPSY FORMED?	AMA	RE AUTOPSY F	TO
MEDIC	CrypTococcu.	1 Maringi	7. '			1 🗆 YES	2 XXN0		MPLETION DF (DEATH?	CAUSE
	Killung prix	mm.	_			_		1 [YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL			24 01	ACE OF DEATH (Chi	eat anti anal				
PHYSICIAN:	EXAMINER?	IOSPITAL:		OTHER:	e 5 X Residence					
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HO	W INJURY OCCU	RED		
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, 1941)	INSO		YES 2 NO					
	2 Accident 3 Suleide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Fown, State) 28f. LOCATION (Street and Number or Rural Route In City or Fown, State)						Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1	N: To the best of my knowled On the beste of examination							d manner ee s	stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER	MULTE	M) -	2	29c. LICENSE NUI	MBER	29d. DATE	SIGNED (No	onth, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO C				Dancon	WV 2543	Ω	1'41		
	31. DATE FILED (Month), One (Mar)	32 REGISTRAR'S SIGNAT	TURE	ni ot.	- KallSUII.	WY 2545	0			
	JAN LL JU	guna vavidson	-pandall							

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Hwell Johnson

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest) 1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER	Laytor	(In vrs. lest birthday)	6hn	CON	REG. NO 2. DATE OF DEATH MONTH 7. DATE OF BIRTH	9 9	
032-09-5001	1X M 2 F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) July26,		BIRTHPLACE (State or Foreign Country) Delaware
99. FACILITY NAME (If not institution, give st Union Hospita RESIDENCE OF DECEDENT		9	E1kt	OR LOCATION OF DE		%c. COUNTY Cec	OF DEATH
10a, STATE 10b, COUNTY	Castle	Mic	dleto	TION W II			10d. INSIDE CITY LIMITS? 1 YES 2/1 NO
10. STREET AND NUMBER 5197 Summit Br	idge Rā.		10	1. ZIP COOE 19709			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexical 3 2 X NO Specify		a or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	Give kind of word life. Do NOT use to Self En	k done during m etired.)	ost of working	166. KIND OF BU		Business
1 2 17. FATHER'S NAME (First, Middle, Last)		Sell El	пртоуе		ME (First, Middle, Maiden		200211000
Fred T. Johns	on				ie Atwel		
19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow		
Edna H. Johns		5197	Summi	t Bridg	e Rd.,Mi	ddlet	own,De.1970
202. METHOD OF DISPOSITION 1 Dourisi 2 Cremation 3 Remotes 4 Donation 5 Other (Specify)		b. PLACE OF DISPOSIT other place)	Fell	ows Ob	M S		, Delaware
21. SIGNATURE OF FUNERAL SERVICE LIC	ensee		Dani		utchison		own, De. 1970
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS DUE TO (OR AS COMO	A CONSEQUENCE OF: A CONSEQUENCE OF: MOY OF	rdio	mysp	athy		my yer
that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	/				
PART II. Other significant condition	s contributing to death	but not reaulting in	the underlying	ng cause given in	Part I. 24e. WAS AN PERFO	RMEO?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	ack only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	me 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	2ab. TIME INJUI	SA. M	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Spo	Y — At home, ferm, streedly)	eet, factory, offi	CO CO	28f. LOCATION (Street City or Town, State		Rural Route Number,
const. Orny	CIAN: To the best of my knor R: On the basis of examination						cause(s) and menner as stated
29b. SIGNATURE AND TITLE OF CEPTIFIES	ed			29c. LICENSE NUI	ABER 578	29d. DATE S	MGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF D	EATH (ITEM 27) (Typo, F	2300	Penna	AVE U	VILM	leveton D
31. DATE FILED (MOOTH, Coy, Year) 90	32. REMISTRAR 3 SIG	NATURE Pandall					19806

VITAL RECORDS, P.O. BOX 13146, DIVISION OF

HOSPITAL OR ATTENDING PHYS

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FUNERAL DIRECTOR: within 72 hours after

TO THE FUNERAL (De filed within 72 h

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Item .

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ON NAME AND ADDRESS OF PERSON

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31 DATE FILED (Month, Day,

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NG PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and with the State Dent of Health and Mental Hydiele brior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
6 may be r	ctor, page 5	nust be n
death. Page	funeral dire	examiner r
nours after	ed in by the	medical
ed within 24	completely fill	event, the
be execut	ian and or	raumatic
e	Sic	-
eath certificate	attending physic	y, or other b
s that the death certificate	ned by the attending physic lith and Mental Hydiene oric	any injury, or other t
law requires that the death certificate	as been signed by the attending physic Dept of Health and Mental Hygiene price	23 shows any injury, or other t
rSICIAN: The law requires that the death certificate I	certificate has been signed by the attending physic in the State Deat, of Health and Mental Hydiene Drice	d, or item 23 shows any injury, or other to

02525 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH DEATH DAY Clara Τ. 1990 1519 ones 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) B. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F 81 212-01-8898 YRS. 09-03-1908 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PENINSULA GENERAL HOSPITAL DIRECTOR SALISBURY, MARYLAND WICOMICO RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY МΠ Wicomico Salisbury 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Ft. 1 Box 3 21801 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Marriad 2 Married Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete dary (0-12) College (1-4 or 6+) 12 Practical Nurse Penninsula General 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) John В. Parsons Bertha Dennis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Margaret Sauerhoff Rt. 1 Box 5 Salisbury, Maryland 21801 20s METHOD OF DISPOSITION
1 N Burlat 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Washington Cemetery Shad Point, MD 4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 705 E. Main St. Bounds Funeral Home Salisbury. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, euch as cardiec or respiratory erreet, Approximete shock, or heert tellure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition andid resulting in death) DUE TO (OR AS & CONSEQUENCE OF): oro ucu CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 | Inpetiant 2 | ER/Outpetient 3 TODOA 28a. OATE OF INJURY (Month, Pay Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 4 Homicide COMPLET 1 TCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BL SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE

WIFO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Edia Vericto

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DNMH-18 Rev 1/89

e. examiner must be netified at once. TO BE COME	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to Durial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMF
ea. examiner must be notified at once.	ithin 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to bural, cremanon, or remov ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
he funeral director, page 5 should be detache	TO THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hosp

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIENI REG. NO.	E	0 02020
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAF	3. TIME OF DEATH
ľ	Georg	e D.	Jones	, Sr.		1008-90 DA	1 IEST	1:10PM M
4			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cov	RTHPLACE (State or Foreign untry)
		X M 2 □ F 5 J	YRS.			Dec-11-38		irry, Va.
	9s. FACILITY NAME (If not institution, give stree				ore City		9c. COUNTY OF	
DIMECTOR	Holy Cross Hospita	aı		Dartin	ore city		Montgon	mery, County
i i	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			tod. thside city
5	Md. Montgom	ery	Silv	er Sprin	ngs, Md.			1 YES 2 NO
A P	10e. STREET AND NUMBER				. ZIP CODE			F WHAT COUNTRY?
FUNERAL	10921 - Ingerwood						υ.	
BY FU	3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	IN U.S. ARMED 3 2 NO DATES	If yes, sp		IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No— 14. R/ B/ S/	ACE — American Indian, lack, White, atc. pecify: Black
3	15. DECEDENT'S EDUCAT	W 2	18a. DECEDENT'S	JSUAL OCCUPATION	DN	16b. KIND OF BUS	I INESS/INDUSTRY	γ
	(Specify only highest grade co	mpleted) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during mo retired.)	st of working			
COMPLE	12th grade	oollege (1-4 of 5 4)	Truck Dr	iver		Hanes	Paper	Co.
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
RE C	Otis Jones				Mary S	arah		
2	190. NFORMANT'S NAME (Type/Print) Patricia Jones					Route Number, City or Town		
			b. PLACE OF DISPOS					r Town, State Suitland
	20a. METHOO OF DISPOSITION 1- Burial 2 Cremation 3 Ramovi 4 Donation 5 Other (Specify)	el from Stata	incoln Me	morial (Cemetery			and Rd, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN		. .		ND ADDRESS OF FA	00.079		OTHERS F. H.
	Lallerne E. TI	nontromer	es	719-KI	ENNEDY ST	N.W. WAS		
	23. PART I. Enter the diseases, or corahock, or heert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSIS COM	each line.	PARAPLE				Approximate Interval Between Onset and Death
NON	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
5	d.							-
: MEDICAL	PART II. Other significant conditions	contributing to death	but not resulting I	n the underlyin	g ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? X X Xyea 2 \(\sum \) NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
2		HOSPITAL: I□ Inpetient 次【文表表/Ou	itpatlant 3 DOA	OTHER:	na 5 🗆 Realdence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	7 28b. TIM	E OF 28c. IN	JURY AT DRK?	28d. DESCRIBE HOW I	NJURY OCCURE	0
BY	1 Netural 5 Pending 2 Accident Investigation	1982	1140		YES 2 NO	SUBJECT	FELL OF	ROOF
	3 Suicide a Could not be 4 Homicide determined	28s. PLACE OF INJUI	RY — At home, farm, a pec/fy)	treet, factory, offic	10	281. LOCATION (Street a City or Yours, State)		rel Route Number,
GOMPLETED	DUBBLIK Offiny	AN: To the best of my kno						se(a) and manner as stated.
TO BE	29b. SINATURE NO TITLE CERNIFER	disp)		OCME	MBER		NED (Month, Day, Year)
-	Julia C. Goodin,M	D			n Street	,Baltimore	,MD 212	vc 201
	JAN 18 '90	32. REGISTRAR'S SIC						

ise as the burial-transit permit, Pages 1, 2, 3 should

attending physician.

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Federico G. An 31. OATE FILED (Month, Day, Year) JAN 16*SU

Arthes.

M.D.

IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significan	Emma S. Jones 4. SOCIAL SECURITY NUMBER 5. SEX 1	HPLACE (State or Foreign iny) Laware DEATN 10d. INSIDE CITY LIMITS? 1 TYES 2 NO WHAT COUNTRY?
222-03-8593 1- 12 2 2 2 5 8 5 7 19. PROTITION DOES NOT MAKE 19-14-1904 Delaware Del	222-03-8593 1 M 2 SF	DEATN 10d. INSIDE CITY LIMITS? 1 TYES 2 NO WHAT COUNTRY?
*** RECEIT HAVE TO REPORT TO PROJECT OF DEATH **** SATISTAND** **** DECEMBER** ELOCATION **** STREET AND MURBER** **** TOO ROSE Street **** TOO ROSE Street **** TOO ROSE Street **** DECEMBER** ELOCATION	9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 8alisbury 10c. CITY, TOWN OR LOCATION 8alisbury 10d. ZIP CODE 10d. CITY DODE 10d. CITY	DEATN DICO 10d. INSIDE CITY LIMITS? 1 TYES 2 NO WHAT COUNTRY?
WI COMICO NUTSING Home Salisbury No. CONTY Maryland Wicomico Salisbury No. CITY, TOWN OR LOCATION Salisbury No. CITY, TOWN OR LOCATION Salisbury 10. SALISBURY No. CONTY Maryland No. CITY, TOWN OR LOCATION Salisbury 10. SALISBURY No. CONTRET AND HUMBER 700 Rose Street 11. MARYLA LITYLUS 12. Maryland 13. West December or Nembraic Company (Specify the serve) 14. MARYLA LITYLUS 15. West December or Nembraic Company (Specify the serve) 16. No. CONTRET SUBJECT SALISBURY No. CONTRET SUBJECT SALISBURY 16. No. CONTRET SUBJECT SALISBURY 17. MARYLA LITYLUS 18. MARYLA CONTRET SUBJECT SALISBURY No. CONTRET SUBJECT SALISBURY 18. MARYLA CONTRET SUBJECT SALISBURY 18. MARYLA CONTRET SUBJECT SALISBURY No. CONTRET SUBJECT SALISBURY 18. MARYLA CONTRET SUBJECT SALISBURY No. CONTRET SUBJECT SALISBURY 18. MARYLA CONTRET SUBJECT SALISBURY No. CONT	Wicomico Nursing Home RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Wicomico Salisbury 10e. STREET AND NUMBER 700 Rose Street 11. MARITAL STATUS 1	1 Od. INSIDE CITY LIMITS? 1 TYPES 2 NO WHAT COUNTRY?
NRESIDENCE OF DECEDENT Maryland Wicomico Salisbury 101. 28 ODE 102. STREET AND RUMBER TOO Rose Street 113. WAS DECEMBERT OR OR OR OF STREET AND RUMBER TOO Rose Street 114. WAS DECEMBERT OR OR OR OF STREET AND RUMBER 115. WAS DECEMBERT OR OR OR OF STREET AND RUMBER OR OR OF STREET AND RUMBER OR OR OF STREET AND RUMBER OR OR OR OF STREET AND RUMBER OR OR OR OR OR OF STREET AND RUMBER OR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Wicomico Salisbury 10e. STREET AND NUMBER 700 Rose Street 11. MARITAL STATUS 1 Never Merried 2 Merried 1 Never Merried 3 Never Merried 4 Divorced 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10f. ZIP CODE 10g. CITIZEN OF A 21801 11. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: Specify 1 YES 2 NO Specify: Specify 1 YES 2 NO Specify: Specify 1 No Specify 1	10d. INSIDE CITY LIMITS? 1 3745 2 NO WHAT COUNTRY?
Maryland Wicomico Salisbury 10, 200 10, 20	Maryland Wicomico Salisbury 10e. Street AND NUMBER 700 Rose Street 11. MARITAL STATUS 1	1 TYES 2 NO WHAT COUNTRY?
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22. NAME AND ADDRESS OF FACILITY Clinton F. Stewart, West Road, Salis., M. 23. PART I. Enter the desess, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ehock, or feert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter VINDERTLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): AGO AGO TO (ASS A CONSEQUENCE OF): AGO AGO DUE TO (OR AS A CONSEQUENCE OF): AGO AGO TO (ASS A CONSEQUENCE OF): AGO AGO AGO TO (ASS A CONSEQUENCE OF): AGO AGO AGO TO (ASS A CONSEQUENCE OF): AGO TO (ASS A CONSEQUENCE OF): AGO AGO T	20s. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, crematory or 20c. LOCATION — City or T	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATN 1 Inpatient 2 ER/Outpetient 3 DOA 4 Normaling Home 5 Residence 8 Other (Specify) 28. DATE OF INJURY WORK? 1 YES 2 NO 28. DATE OF INJURY 28. TIME OF INJURY WORK? 29. DATE OF INJURY AT WORK? 3 Suicide 8 Could not be determined with the determined building, etc. (Specify) 29. CERTIFIER (Check only one) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 29. CERTIFIER (Check only one) 28. DATE OF INJURY — At home, farm, street, factory, office work of the determined building, etc. (Specify) 29. CERTIFIER (Check only one) 28. DATE OF INJURY — At home, farm, street, factory, office work of the determined building, etc. (Specify) 28. DATE OF INJURY — At home, farm, street, factory, office work of the determined building, etc. (Specify) 28. DATE OF INJURY — At home, farm, street, factory, office work of the determined building, etc. (Specify) 28. DATE OF INJURY — At home, farm, street, factory, office work of the determined building, etc. (Specify) 28. DATE OF INJURY — At home, farm, street, factory, office work of the determined building, etc. (Specify) 28. DATE OF INJURY — At home, farm, street, factory, office work of the cause(a) and manner as stated. Only one of the cause(a) and manner as stated. One of the cause(a) and manner as stated.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Arteriosclerosis Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): Age C. Age DUE TO (OR AS A CONSEQUENCE OF):	
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1 Netural 2	OTHER:	
3 Suicide 4 Homicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO	
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural City or Fown, State)	l Route Number,
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BALTIMORE, MARYLAND 21203-3146

TO ATT THE PARTY OF STATE OF	All	CONTROLLED OF CONTROL
There	miner must be notifier at dock	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at the
		e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
as the burial-transit permit	eral director, page 5 ship of the general	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions are a single prinal-transit permit.
or mending physician.	h. Page 6 may be intained by the position	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be maken 6 by 11 to 18 man the death physician.

Pages 1, 2, 3 should

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	1 - STATE REGISTRAR		STATE OF N		ERTIF						REG. NO.				1
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	4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. la		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			08:10A	ian
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	9a. FACILITY NAME (If not in	9b, CITY, TOWN OR LOCATION OF DE					ON OF DE								
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圖	Frederick		nin Johns	on						ura S		,			
4	19a, INFORMANT'S NAME (Pb. MAILING	ADDRES	\$ (Street as			Poute Number,			Code)		
2	Dorothy So									Anna				103	
	20a METHOD OF DISPOSIT		25-25-07	20b. PLACE	OF DISPO	SITION (N	ame of cem	etery cren	natory or		4	CATION C			
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	21. SIGNATURE OFFUNER	SERVICE LI	CENSE	11		22.	NAME AN	D ADDRE	SS OF FA						
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	23. PART I. Enter the d	lieceses, pr	complications the	caused the d	eeth Do									. 20781 Approximat	10
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MEDICAL	Prelie	Te an	00-1	domin but not	Toouting	III LIIO G	inderlying	Couse	Bracu III		PERFO	DMED?	A	MAILABLE PRIOR T	0
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TO BE	29h. Signiturgany Title	/ell	2 M	edia	all	and	Page	29c. LIC	227	JO TO		29d. DATI	1161	90 Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) SCHISICAL MO 7500 Greenway Car Dr. Green belt ned 20 770														

Medical allander

And Address of Person who completed cause of Death (ITEM 27) (Type, Print)

SCHISCAR MD 7500 Greenway Corporation

FILED (Month, Day, Year)

January Carrier

32. REGISTRAR'S SIGNATURE

1990

Julia Day doon—Pandale

ORE, MARYLAND 21203-3146

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46,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compliants be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial commission.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the	
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P. O.	ath certi	tending al Hygie	or oth	
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	FOR STATE REGISTRAR		STATE OF I	MARYLAND A		RTMENT				MENTAI	L HYGIEN		20	02323
	1. DECEDENT'S NAME (First SHERMAN	, Middle, Last)	ERIC	JOR		IOAIL				2. DATE MONTH	OF DEATH	ly .	year 990 1	TIME OF DEATN O:OO A.M
	4. SOCIAL SECURITY NUMBER	AFR	5. 9EX	6. AGE (In yrs. Is		IF UNDER	1 VEAD	IF UNDE	24 1408		OF BIRTH	1		ACE (State or Foreign
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	577-78-7915 XXX ² F			31					Sept. 10.1958 Washi			ington, D.C		
l ne		96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH												
CTO	3234 Landover Road, #A						Landover					Prince George's		
Maryland Prince George's Landover							d. INSIDE CITY LIMITS?							
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.AL	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CITIZ	EN OF WNA	T COUNTRY?
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COMPLET	GED				Uner	ploye	ed_				N/			
8	17. FATHER'S NAME (First, A	-0.						18. MOT	HER'S NA	ME (First, I	Middle, Maiden	Sumame)		
BE	Joseph Jorda									Wat				
2	19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILIN	G ADDRESS	(Street	and Numbe	or or Ptural	Route Numi	ber, City or Tow	n. State, Zip	Code)	
-	Mary Jordan				7234	Lando	wer	Rd.	#A	Land	over.	Mary]	and 2	20785
	20a. METHOD OF DISPOSIT	NON 3 □ Rem	noval from State	20b. PLACE other p	E OF DISPO	SITION (Na	me of ce	metery, cre	matory or		20c. LO	CATION -	City or Town	, State
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	21. MIGHUTURE OF FUNERA	AL SERVICE LI	CENSEE	n	0 1	22.	NAME A	ND ADDRI	ESS OF FA	CILITY .	B. Jen	kins	Funer	al Home
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CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO	O (OR AS A CONSE	EOUENCE (OF):								
2	DARTH ON									-				
MEDICAL	PART il. Other signific	ant condition	ns contributing to	deeth but not	resulting	in the un	ideriyir	ng cause	given in	Part i.	PERFO	RMED?	Al	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
8	4.010							1/1		_	1 TYES	M WO		F DEATH?
								•					1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL					00.0	4.05.05	DEATH (C)		1			
o	EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER	₹:			eck only o				
YS	1) YES 2 NO			☐ ER/Outpatient	_	_			Residence	6 🗆 Othe				
표	27. MANNER OF DEATN	Donathan	28a. DATE O (Month,	F INJURY Day, Year)	26b. TI	ME OF	W	JURY AT ORK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
1) Natural 5 Pending Investigation M 1 YE						YES 2	□ NO							
COMPLETED	3 Suicide 6 C	Could not be determined	28a. PLACE building	OF INJURY — At I I, etc. (Specify)	nome, ferm	, atreat, fact	ory, offi	ca			CATION (Street or Town, State		or Rural Rou	ite Number,
PLE	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my knowledge, o	death occu	rred at the t	lme, dat	a and plac	e, and due	to the ca	use(s) and me	nner aa stat	ed.	
No.	one) 2 ME	DICAL EXAMIN	ER: On the basis of	examination and/o	r investigat	tion, in my d	pinlon,	death occ	ured at the	time, date	and place, a	nd due to th	e cause(a) a	nd manner as stated.
	296. SIGNATURE AND THE	E OF CERTIFIE	R Deput	v Media	01 E	xamin	er	29c. LIG	CENSE NU	MBER		29d. DAT	E SIGNED (A	fonth, Day, Year)
BE	//0	1	1	0	3	-			09975				1/15/	
2	30 WIME AND ADDRESS C	F PERSON W	NO COMPLETED CA	USE OF OKATH (IT	EM 27) (TV	oe, Print)	_	1	-11(,			1	-1-11	, -
	John S. Rog			9 Semin			Si	lver	Smr	no.	Monte	mers	. MD	20910
	31. DATE FILED (Month, Day			AR'S SIGNATURE	ar y	wau,	NI	* A CT	M PIT	118)	TOHOR	met. A	1 1111	20710
	JAN 22 '90	5	Frehe Davidso	n-Randall	2									

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a curs after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglens prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	RENT OF H	EALTH AND I DEATH	MENTAL HYG		30 0200			
	AYMOND	JOHNSON,	SR.		2. DATE OF DEAT MONTHAIN.	rh 21 <mark>04</mark> 1990'	3. TIME OF DEATH 7:45PM			
4. SOCIAL SECURITY NUMBER 212–18–2776	1 - MMALEE	69 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI		BIRTHPLACE (State or Foreign MARYLAND			
90. FACILITY NAME (If not institution, give st FREDERICK MEMORI		9b. CITY, TOWN OR LOCATION OF FREDERICK			ATH	Y OF DEATH DERICK				
	EDERICK	10cTeVAL	on Brid	BN ₁		10d. INSIDE CITY LIMING 1 YES 2 NO				
100-107-1810 GREEN VALL	EY RD.		101,	10g. CITIZE	109. CITIZEN OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed DDivorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO		cify Cuben, Mexice	IIC ORIGIN? (Speci n, Puerto Rican, ate		RACE — American Indian, Black, White, etc.			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re SUPERVIS	done during mos tired.)	N t of working	O.					
17. FATHER'S NAME (First, Middle, Lest) RAYMOND ROBERT J	OHNSON				ME (First, Middle, M NIE TRES					
198. INFORMANT'S NAME (Type/Print) CATHERINE L. JOH		10718 (GREEN V	ALLEY RU	NION BR	v Town, State, Zip Co LDGE	MD 21791			
20e. METHOD OF DISPOSITION BU 1	oval from State	RESTHAVEN	PLACE OF DISPOSITION (Name of cometary, cremetory or RESTHAVEN MEMORIAL GARDENS NR. FREDE							
atharine	D. Hant	ler	22. NAME AN	UNION	BRIDGE		ZLER & SONS			
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A		c 5	6001	K E		Interval Betwee Onset and Deat			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant condition Tile parts Bearin		pout not resulting in t			PE	AS AN AUTOPSY IRFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ 0	26. PL	ACE OF DEATH (Ch	eck only one)					
27. MANNER OF DEATH 1 Netural 6 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	JRY AT	6 Other (Specify 28d, DESCRIBE I	OW INJURY OCCU	RED			
2-Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Rout City or Town, State)						r Rural Route Number,				
cool oray	CIAN: To the best of my know						I. couse(e) end menner ee stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI			SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE				. 26	1	125/90			
31. DATE FILED (Month, Day Year) 2 50	32. REGISTRAR'S SIGN		west.	5-	6. 700 C	4 56	Freder			

BALTIMORE, MARYLAND	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Ars after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the fined within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	W re	bee of.	3 \$1
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	TAL	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it he fined within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	=
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31. DATE FILED (Month, Day, Year)

JAN 18 90

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	90 0253
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH DAY MONTH DAY	year 4.10 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 X F 87 YRS. 6. AGE (In yrs. last birthday) 1 MOTHS DAYS HOURS MIN. F UNDER 1 YEAR IF UNDER 24 HRS. (Morth, Day, 16st) Sept. 22, 1902	BIRTHPLACE (State or Foreign Country) West Virginia
TOR		y of DEATN gomery
FUNERAL DIRECTOR	Maryland Anne Arundel Lothian	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
NERAL	100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZE 100. CITIZE 100. CITIZE 100. CITIZE 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 100. CITIZE 100. STREET AND NUMBER 100. STR	
B	3 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify:	4. RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 8 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE OWN Home	STRY
BE CON	Melvin J. Chedester Mary E. Fox	
10	Mrs. Gladys Loveless 16711 Swanson Rd. Upper Marlboro, M.	D. 20772
	20e. METNOD OF DISPOSITION 1	
	22. NAME AND ADDRESS OF FACILITY Robert E. Wilhelm, Inc. Suitla	uitland Rd. nd, MD. 20746
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory stress ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST COngestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	mon the
PHYSICIAN: MEDICAL CI	DADT II Other circulficent conditions contribution to death but not required in the underlying course about to Part 1	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REF INFED & EDICAL EXAMINER? 1 YES 2 NO 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify)	
ву РНУ		IRED
	3 Suicide 8 Could not be building, etc. (Specify) 286. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)	r Rural Route Number,
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the	
TO BE (29d. LICENSE NUMBER 29d. DATE:	SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Shi Davidson-Randall

DHMN-16 Rev 1/89

DHMH-16 Ray 1/89

	FOR
1	STATE
•	REGISTRAR

the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARY

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR			CATE OF		MENTAL HYGIE			
1. DECEDENT'S NAME (First, Middle, La	nat)	CENTIFI	CATE OF	DEATH	REG. N	Ю.	- 11	TIME OF DEATH
					MONTH		YEAR	
4. SOCIAL SECURITY NUMBER	ee Karschne	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			2:04 M ACE (State or Foreign
170 12 6711	1 ⊠ M 2 □ F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1.5	Country)	
170-12-6711 9a. FACILITY NAME (If not institution, gr	ive street and number)	1	9h CITY TOWH	OR LOCATION OF D	8 25 19	9c. COUNT	PA V OF DEAT	ты
935 E. Old	1.100			ton	LAIN		cil	
RESIDENCE OF DECEDENT		a Roau	17.17.1	COII		Cer	CII	
10a. STATE 10b. COL	NTY	10c. CITY,	TOWH OR LOCA	TION			10	Id. INSIDE CITY
MD Ce	ecil	El	kton				1	YES 21 NO
10e. STREET AND NUMBER		•	10	. ZIP CODE		10g. CITIZE	N OF WHA	AT COUNTRY?
935 E. Old P	hiladelphia	Road		21921		U.S.	7\	
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (Specify			American Indian, Vhita, atc.
1 Never Married 2 Married	FORCES? 1 YE			becify Cuban, Mexic 3 2 X NO Speci	nn, Puarto Rican, atc.) ly:		Specify:	Vhita, atc.
3 Widowed 4 Divorced								white
15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S U	ork done during m	ON ost of working	16b. KIND OF I	BUSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)					
8	_N/A	Equipme	ent Op	erator	U.S.	Govt		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maid	en Sumame)		
Clarence A.	Karschner			Cathe	rine Kr	ieder		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or 1		Code)	
Ruby E. Kars	chner	935	E. Old	Phila	Rd. E	lkton	MD	21921
20a. METHOD OF DISPOSITION	serverse have 19	206. PLACE OF DISPOSI			20c.	LOCATION - CI	ty or Town,	, State
1 X Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify)	nemover from state	Worth E	last Me	thodis	t No	rth E	ast.	MD
21. SIGNATURE OF TUNERAL SERVICE	L'INCENSEE		22. NAME A	ND ADDRESS OF F	CILITY		بالمالية	
· Oleran	11/4				eral Hom	e		21901
			1 1 2 7	South	Vain Ct	Mor	th T	act MD
	or complications that cause							Approximate
shock, or heart failu	or complications that causer. List only one cause or							
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shock, or heart failu IMMEDIATE CAUSE (Final	ire. List only one cousa or		ot enter ths me	ode of dying, su	ch as cardiec or ra			Approximate Interval Batween
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31. DATE FILED (Month, Day, Year)

Julia Davidson-Randall

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified an TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR		STATE OF I) / DEPAR			EALTH AND I	MENTA	L HYGIEN	_				
	1. DECEDENT'S NAME (First,	Middle, Last)			<u>OLITTI</u>	10/11	. 01	DEAIN	2. DATE	OF OEATH			3. TIME	OF DEAT	Н
	Anna Fr	itz	Kamins	ki					Jan	uary		199	0	13:	55™
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yra	. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE (Mont)	OF BIRTH		B. BIRTHP	PLACE (State or Fo	reign
	214-24-35		1 M 2 XF	83	YAS.				6-6	-1906				c, P	A
2	90. FACILITY NAME (If not ins Union Hos RESIDENCE OF DEC	pita.		cil C	ounty		TOWN	Elkton	EATH		9c. COUNT	eci			
	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN O	R LOCAT	ION						SIDE CITY	
1	Maryland Cecil				North East							1 YES ZYZNO		NO	
	583 W. Ol	d Dh	iladoln	hia D	500		100	21901				S.A		ONTHIT	- 1
	11. MARITAL STATUS	u PII.	12. WAS DECEDEN	IT EVER IN U.S	ARMED	13. 1	MAS DEC	ENDENT OF HISPAN	IIC OFIGI	i? (Specify Yes		4. RACE	Ame	ricen India	en.
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À	15. DECE (Specify only	EDENT'S EDU	CATION completed)	16a	. DECEOENT'S	USUAL O	CCUPATIO	ON st of working	16b	. KIND OF BUS	SINESS/INDU	STRY			
3	Elementary/Secondary (0-	-12)	College (1-4 or 5	-	Illa. Do NOT us	se retired.)									
P	8 17. FATHER'S NAME (First, Mic	idallo Leet)	N/A		Nursi	ng P	sst		100		rnme	nt			
5	Alonzo		7					18. MOTHER'S NA		List					
	19e. INFORMANT'S NAME (7)		<u></u>		19b. MAILING	AOORESS	(Street a	nd Number or Rural				Codel			_
2	Doris E.	Speci	c					w Ave.					2.	1901	
	20e METHOD OF DISPOSITION AND Buriel 2 Cremetton			20b. PL/	CE OF OISPO	SITION (Na	me of cer	netery cometony or		20c LO	CATION - C				
	4 Donation 8 Other		oval from State	Nor	th" Ea	st M	leth	odist	Cem.	Nor	th E	ast	, 1	D	
	21. SIGNATURE OF POLICE	SERVICE LIC	Siniste					ID ADDRESS OF FA		77					
	1/1/29	1.6	was					ch Fune				act	P	4D 2	190
	23. PART I. Enter the dishock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)	esrt failure.	List only one car	use on eech	line.			it face			iratory erre	st,	ir	pproxim itervai B inset and	etween
	Sequentially list condition if eny, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injusthat initiated events resulting in death) LAST	diate NG ry	c. Due to	OCOLO OGRASACON OGRASACON	WLL NSEQUENCE O	000-		ar the	el.	•					
1000	PART II. Other significan	nt condition	ns contributing to	death but n	ot resulting	in the un	derlyin	g csuse given in	Part i.	24a. WAS AN PERFOR	RMED?		AWAILAI	UTOPSY FI BLE PRIOR ETION OF (TH?	10
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	25. WAS CASE REFERRED TO	D MEDICAL					26 64	ACE OF BEATH OF	ank not-	nel .					
2	EXAMINER?	- MEDIONE	HØSPITAL:	T ED/Outcot!	2 🗆 204	OTHER	3:	ACE OF DEATH (Ch							
	27. MANNER OF DEATH		28a. DATE OF	FINJURY	28b. TIN		28c, INJ	URY AT		SCRIBE HOW I	INJURY OCC	URED		_	
	7	Pending	(Month, I	Day, Year)	IN.	JURY	WC	YES 2 NO							
0	3 Suicide s	Investigation Could not be determined	28a. PLACE (building	OF INJURY — A , etc. (Specify)	At home, farm,	street, fact	ory, offic	•		Or Town, State)		or Rural Ru	oute Nu	mber,	
	29a. CERTIFIER	IFYING PHYS	ICIAN: To the best o	f my knowledou	death occur	and at the t	lose dete	and alone, and due	to the se			4	_		
T I	anal		ER: On the basis of										and m	enner ee s	stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	Я					29c. LICENSE NU			29d, DATE	SIGNED	(Month,	Day, Year)	
5	Ju n		m H C)				1049	62.	3	P	u	96		
	30. NAME AND ADDRESS OF 22.3 Wes		10 COMPLETED CAL	SE OF DEATH	(ITEM 27) (Type	e, Print)	Mo	1 219	21						
	JAN 1 2		32. REGISTA	AR'S SIGNATUR	Pandele										

BALTIMORE, MARYLAND

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3	de de	9
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, crematic	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it
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1 - STATE REGISTRAR	OTHE OF IMMEDIA	CERTIF	CATE OF	DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Las	THOMAS K	ERMIT	KISER		2. DATE OF DEATH	AY	YEAR 3. TIA	NE OF DEATH		
Thom					January		90 4:1	07 AM		
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	BIRTHPLACE	(State or Foreign		
230-18-3122	1 X M 2 □ F 70	YRS.	MONTHS DAYS	HOURS MIN.	Jan. 15,	1919	Virgin	nia		
9a. FACILITY NAME (If not Institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D		_	Y OF DEATH			
Greater Laurel-Beltsville Hospital Laurel Prince George's										
Maryland Prince George's Hyattsville										
10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF										
8137 Allendale Drive 20785 USA										
10e. STREET AND NUMBER 8 1.37 Allendale D 11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowad 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO	If yes, so	CENDENT OF HISPA ecity Cuben, Mexico XIO Specia	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) ly:	n or No- 1	4. RACE — Art Black, White Specify: White	nerican Indian, a, etc.		
	DUCATION	16a. DECEDENT'S	IIRIIAI OCCUBATI	DN	16b. KIND OF BU	OINECC (IND)				
15. DECEDENT'S EI (Specify only highest gra Elamentary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle, Last)	de completed) Collage (1-4 or 5+)	(Give kind of w life, Do NOT us	vork done during me	ost of working	100000000000000000000000000000000000000		эткт			
17. FATHER'S NAME (First, Middle, Last)		retiret	a minitar	-	ME (First, Middle, Meiden	Army				
Everett M. Kiss						Sumame)				
Everett M. Kise		T 405 W4W W0	4.DDDE00 /0		nburgey Route Number, City or Tov					
Ruth Kiser (Wife					Hyattsvill			2078		
20a. METHOD OF DISPOSITION 1 Burlel Cremation 3 Re	20b. f	other place)		metery, crematory or	20c, L0	CATION C	lty or Town, St	ate		
4 Donation 5 Offier (Specify)	JMet	tropolita	an Crem	atory	Ale	xandr	ia, Vii	rginia		
21, SIGNATURE OF FUNERAL SERVICE	\$ 13 m	A. Arm	Franc		Sons File Ave. Hy					
IMMEDIATE CAUSE (Finel disease or condition	a. List only one cause on eac	ch line.				matory arre		Approximate Interval Betw Onset and D		
resulting in death)	a. A Cute of DUE TO (OR AS A C	DOMSEGUENCE OF	r Ji							
Sequentielly list conditione, If any, leading to immediate cause. Enter UNDERLYING	b. Congestic		,							
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PART II. Other algnificent condition Recurrent	Assiration	3 cers	brova		Part i. 24a. WAS AF PERFO	RMED?	AVAIL	AUTOPSY FINDI ABLE PRIOR TO LETION OF CAUS EATH?		
Accident 3	Carcinoma of	f the C	Colon				1 🗆	YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			28, P	LACE OF DEATH (C	heck only one)					
EXAMINER?	HOSPITAL: 1 X Inpatient 2 - ER/Outpat	tient 3 DOA	OTHER:	ne 5 Residence	6 Other (Specify)					
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIM	E OF 28c, IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCI	JRED			
1 Dentural 5 Pending	(Month, Day, Year)	INJ		ORK? YES 2 NO						
2 Accident Investigation 3 Suicide 6 Could not be determined determined determined investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								lumber,		
29a. CERTIFIER CERTIEVING BUI	YSICIAN: To the best of my knowle	doe, death occum	ed at the time, dat	and place, and du	to the cause(a) and me	onner as state	4			
(Check only one) 2 MEDICAL EXAM	NER: On the beals of scamination							menner sa state		
II 29h SIGNATURE AND FITTE OF CERTII				29c. LICENSE NU			SIGNED (Mont			
1	tout	MO			-		9-9			
30. NAME AND ADDRESS OF PERSONA				DIZOI.						
Louis Stein	bug 6492	Land	lover 1	Rd, L	andover	md	207	85		
JAN 12 90	berg 6492 Julia Haydson-V	fandell		,						

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be noti	an and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		st be notified at once.	
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine	director, page 5		ir must be no	
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FUNERAL DIRECTOR within 72 hours after TANT: If item 28	3: After this certificate h	r death with the State D	is marked, or item	
Po Fed	THE FUNERAL DIRECTOR	filed within 72 hours afte	PORTANT: If item 28	

- 1	1. DECEDENT'S NAME (First, Middle, La	st)	2	CER	TIFICAT	E OF D	ALTH ANDEATH	2. DATE	REG. NO	AV	VEAR	3. TIME OF	DEATH
	MARY	(<u> </u>		1/1	nne	24	1	-19	-190	70	1:5	01
	4. SOCIAL SECURITY NUMBER	5. SEX	1	yrs. lest birti	MONTHS		FUNDER 24 HR	(Mon	OF BIRTH th, Day, Year)		6. BIRTH Country	IPLACE (State	or Foreign
	202-07-1478	1 🗆 M 2 🕢		75°	RS.	37271			2 191		PA		
~	9a FACILITY NAME (If not institution,	street and number)	1000	41	9b. CIT	TOWN OR	1	//		9c. COU	NOY OF D	EATH	1
DIRECTOR	RESIDENCE OF DECEDENT	CIN M	-05/11	91		HVIE	2 (10	e 61	Ace	17	141	1010	L
F	10a. STATE 10b. COU	NTY		10	c. CITY, TOWN	OR LOCATION	N					10d. INSID	
	MD Bali	timore	City	I	Balti	more						1 YES	
AL	10e. STREET AND NUMBER					10f. Z	IP CODE	_		10g. CIT	IZEN OF W	WHAT COUNT	TRY?
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FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married		DENT EVER IN L		13			SPANIC ORIGI xicen, Puerto	N? (Specify Yes Rican, atc.)	s or No—	14. RACE Black	E — America k, White, atc	n Indian,
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1	12	4		N	Jurse				Medic	al			
COMPLEI	17. FATHER'S NAME (First, Middle, Last)					1	IS. MOTHER'S	NAME (First,	Middle, Malden	Surname)			
N N	Leo Dowling						Katl	nryn	Potts				
2	19a. INFORMANT'S NAME (Type/Print)			19b. M/	AILING ADDRES	SS (Street and	Number or Ri	ural Route Nur	nber, City or Tow	vn, State, Zij	p Code)		
	Evelyn Burkh	ouse		331	plo	Ches	nut_1	Rd.,	Elkto	n, I	4D	2192	1
	20a. METHOD OF DISPOSITION						ery, crematory	OF	20c. LC	CATION -	City or To	own. State	
	1 Burial 2 Cremation 3 F	amoval from State	200.	other place)	DISPOSITION (7	Name of cemet	-						
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32. RECOTBAR'S SIGNATURE
GIMA Davidson-Pardale



BALTIMORE, MARYLAND	ay be retained by the hos	page 5 should be detache	t be notified at once.
BALTIMOR	nours after death. Page 6 m	led in by the funeral director, , or removal.	medical examiner mus
NDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NDING PHYSICIAN: The law requires th	4: After this certificate has been signed it death with the State Dept. of Health	Is marked, or Item 23 shows an
DIVIS	TO THE HOSPITAL DR ATTE	TO THE FUNERAL DIRECTOR be filed within 72 hours afte	IMPORTANT: If Item 28

*	FOR STATE REGISTRAR	STATE OF			MENT OF I			MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEATH			3. TIME OF DEATH
		Flore	ago Tga	holl	Kemp			Jan. 6, 1990			1:17 pm
	4. SOCIAL SECURITY NUMBER					7. DATE OF BIRTH	133		IPLACE (State or Foreign		
				111	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Count	ry)
	215-26-5449	1 D M 2 F	9.7	YRS.				01/27/9	2	Roc	k Hall MD
	9a. FACILITY NAME (If not institution, give arrest and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF									NTY OF D	PEATH
DIRECTOR	Meridian - Cor		Ce	ntre	evil	lle	Oue	een	Anne's		
- M	10a. STATE 10b. COUNTY				, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
능	Maryland Ke	ent				Hall	1				1 YES 2 NO
	10e. STREET AND NUMBER	III C				. ZIP COD			10a, CITI	ZEN OF	WHAT COUNTRY?
2											
FUNERAL	West Shar						661			U.S	
금	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. AR	NO NO				NIC ORIGIN? (Specify Ya in, Puarto Rican, etc.)	s or No—	14. RACI	E — American Indian, k, Whita, etc.
BY	3 K Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			2 NO				Spec	
											White
Ш	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL OCCUPATI	ON ast of workli	10	16b. KIND OF BU	SINESS/INC	DUSTRY	
ш	Elementary/Secondary (0-12)	College (1-4 or 8	+) life.	Do NOT us	rork done during m retired.)						
ם	8		s	eams	tress			Sewin	a Fa	cto	rv
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, Maider			
	Charles II	Tonos				,	T	manh Dah		. D.	_ 2
B	Charles H. 19a, INFORMANT'S NAME (Type/Print)	Jones	Lin		4DDDE66 (0)			nnah Reh			ea
2			10								
	J. Thomas Mid	dleton						Rock Hal	1. N	ID_	21661
	20a, METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ram	oval from State	20b. PLACE other pl		ITION (Name of ce	metery, crer	natory or	20c. L0	CATION —	City or To	wn, State Kent Co
	4 Donation 8 Other (Specify)				hapel	Ceme	eter	ry Roc	k Ha	111,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	enser /			22. NAME A	ND ADDRE	SS OF FA	CILITY			
	1/1 1/0	11/						ein Fune		Hom	les, P.A.
	promos K.	Tuju	troni					MD 2166			
	23. PART I. Entar tha disesses, or shock, or haert feilure.	complications th	at caused the de	ath. Do n	ot entar tha m	oda of dy	ing, auc	ch as cardiac or resp	iratory ar	reat,	Approximata
	iMMEDIATE CAUSE (Final	List only one ca	use on ascn line	3.							Interval Between Onset and Daath
	disease or condition	On	0121	2.0			1	to par X			
	resulting in death)	a. Due 7	A COURT	OLIENCE OF	ucona	my	/\	RREST			
					•	0					
Z	Sequentially list conditions,	b6	CON AS A CONSE	7							
CERTIFICATION	If any, leading to immediate				307						
3	cause. Enter UNDERLYING CAUSE (Disease or injury	· H	Ufres LE	nege	-						
드	that initiated eventa				ŋ:						
E	resulting in death) LAST	a A	nenci	-EL							
				-	,						
A	PART II. Other aignificent condition	a contributing t	o death but not	resulting i	n tha underlyli	g cause	given in	Part I. 24s. WAS A	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	H10 OBress	- Ca,	Drue	160	eleser	140	lugs	leslain VES	2 NO		COMPLETION OF CAUSE OF DEATH?
Ш	1 / /	76	100			/					1 YES 2 NO
M											- 7 /
A	25. WAS CASE REFERRED TO MEDICAL			_	26 5	ACE OF I	SEATH (C)	heck only one)			
$\overline{\mathbf{c}}$	EXAMINER?	HOSPITAL:			OTHER:						
ΥS	1 YES 2 NO		☐ ER/Outpetient :				esidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE C (Month,	F INJURY Day, Year)	28b. TIM INJ	E OF 28c. IN	JURY AT DRK?		28d. DEŞCRIBE HOW	INJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident investigation				M 1 🗆	YES 2 [NO				
	3 Suicide 8 Could not be	28e. PLACE	OF INJURY - At h	ome, farm, s	street, factory, offi	ce		281. LOCATION (Street	and Numbe	or Rural	Floute Number,
LED	4 Homicide determined	building	, atc. (Specify)					City or Town, State	7)		
COMPLET	29a. CERTIFIER						- :-				
MP	(Check only										
Ö	2 MEDICAL EXAMINI	ER: On the basis of	exemination and/or	investigatio	n, in my opinion,	death occu	red at the	e time, data and place, a	nd due to t	the cause	(a) and manner as stated.
E	29b. SIGNATURE AND TITLE OF CERTIFIE	R	\			29c. LIC	ENSE NU	MBER	29d. DA		D (Month, Day, Year)
8	(unal	LM.	Λ .			N	72	58-01	•	1/0	162

Mid-Town Mall

al, Jr. MD Mi 102. REGISTRAR'S SIGNATURE fulia Davidson-Randelle

John C. A

31. DATE FILED (Month, Day, Year)

JAN 8 90

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transpersive within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			ERIIF	ICAI	E OF	DEA	п	REG. NO	J.		
1. DECEDENT'S NAME (First, Middle, Last ANNIE VI		KOEHL	FR					2. DATE OF DEATH MONTH	DAY 1	5 YEAR 9 0	7:45
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDE	D 4 VEAD	IF UNDER	24 MDE	7. DATE OF BIRTH		a piptipi	ACE (State or Foreign
219-48-1308	1 🗆 M 2XXF		6 YRS.	MONTHS	DAYR	HOURS	MIN.	(Month, Day, Your)	13	Country)	VA
9e. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH	9c. COI	JNTY OF DEA	тн
12 Mattingly A	Venue			Ind	lian	Head			Cha	arles	
RESIDENCE OF DECEDENT	VOLIGO			1 1110	LUIT	ricad			Citio	11.162	
10e. STATE 10b. COUN	TY		10c. CIT	TY, TOWN	OR LOCAT	TION				10	od. INSIDE CITY
	HARLES C	NTY.		INDI	-	HEAD		1 T _ 46			LIMITS?
10e. STREET AND NUMBER					10:	. ZIP COD	E		10g. Cl		AT COUNTRY?
#12 MATT	INGLY AV	Ε.				206	40			USA	A
11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.		13.				IIC ORIGIN? (Specify Y	e or No-	14. RACE -	- American Indien, White, atc.
1 Never Married 2 Merried	FORCES? 1 IF YES, OIVE V	YES 2 X	∐NO			ecify Cube		n, Puerto Rican, etc.)		Specify:	
3X Widowed 4 Divorced 15. DECEDENT'S ED	DUCATION	160	DECEDENT'S	E LIGHT C	CCHPATI	nw .	_	16b, KIND OF B	ISINESS/IN	White	9
(Specify only highest gre	de completed)		(Give kind of life. Do NOT u	work done	during me	et of worki	ng	160. KIND OF B	03114233711	DOSTRI	
Elementary/Secondary (0-12)	College (1-4 or 5	(1)		ide reured.)				Here	111 0		
12	3		lurse						lth C		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maide	n Sumame)		
Francis Cary						J	essi	e M. Saff	ell		
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Numbe	or Rural	Route Number, City or To	wn, State, Z	(Ip Code)	
Holly Kubick			8306	Jam	PS C	; +	Unne	r Marlbor	n Mr	1 207	72
200 METHOD OF DISPOSITION		20h DI M	CE OF DISPO							- City or Town	
K Buriel 2 Cremation 3 Re	moval from State	other T	nity M	lows:	1 . 7	CONTRACTOR CONTRACTOR	natury or				
4 Donetton 5 Other (Specify)		- Illi	iity M					Wa	TOOLI	, Mar	yıana
21SIGNATURE OF FUNERAL SERVICE	LICENSIE					ND ADDRE					
MM 112 KISI	(H)			占	Hunt!	t Fur	iera.	l Home , Waldorf	Md	20/0/	0150
23. PART I. Enter the diseases, o	1										Approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. ADEN OUE TO DUE TO					0 f		LUNR			Onset and Des
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE (OF):	*						
cause. Enter UNDERLYING	· CA	ZCIN	10101	A	of		010	0 W			
CAUSE (Diseese or Injury that initieted events	DUE TO	(OR AS A CON	SEOUENCE (OF):			Span 2	•			
resulting in deeth) LAST											
	_ d										
PART II. Other algnificent conditi	ons contributing to	deeth but no	ot reculting	In the u	ınderlylr	ng cause	given in		N AUTOPS'		VERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE
											F OEATH?
								_			
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF I	PEATH (C	neck only one)			
1 VES 2 NO	1 - Inpatient 2	☐ ER/Outpatient				_	eeldence	8 Other (Specify)			
27. MANNER OF DEATH	26e. DATE Of (Month, I	F INJURY Day, Year)	28b. TI	ME OF	28c. IN	JURY AT		28d. OEŞCRIBE HOV	V INJURY C	CCURED	
/T Natural 5 Pending 2 Accident Investigatio	n l			М	1 🗆	YES 2	NO				
3 Suicide 6 Could not t	28e. PLACE	OF INJURY — AI	l home, farm	, street, fa	ctory, offi	ce		28f. LOCATION (Stre	et end Numl	ber or Rural Ro	ute Number,
4 Homicide determined		, area (opedity)						City or Town, Sta			
290. CERTIFIER					Ly zz-o-	C estate to					
(Check only	YSICIAN: To the beat o										
2 MEDICAL EXAM	INER: On the besie of	examination and	/or investigat	tion, in my	opinion,	death occi	ered at the	time, data end place,	end due to	the ceuse(e)	end manner as stated
29b. SIGNATURE AND TITLE OF CERTIF	FIER		~			29c. LIC	ENSE NU	MBER	29d. D.	ATE SIGNED (Month, Day, Ybar)
Kourley M	Hatt	5	4			02	8	350	•	1-16	-90
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CH	IGE OF DEATH	ITEM OT /5-	no Orinet	-						
KRISHAH	MATI	HUR	,			iti:		nd. I	100	0/20	- Centre
JAN 1 7 90	32. REGISTE	a Davidso	n-Rand	Less							

TO BE COMPLETED BY FUNERAL DIRECTOR

21203-3146

BALTIMORE, MAR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF	DEATH	REG. N	0.	
				4	2, DATE OF DEATH MONTH	DAY .	3. TIME OF DEATH
GEORGE	ROBERT		KER	ηP, JR		14 9	0 5.79 A
SOCIAL SECURITY NUMBER		140	ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreig Country)
214-68-5731	1 🔀 M 2 🗆 F	34 YRS.			11- 24-		MARYLAND
FACILITY NAME (If not institution, give at		9		OR LOCATION OF D		9c. COUNT	Y OF DEATH
PENINSULA GENER	AL HOSPITAL		SAI	LISBURY,	MARYLAND		WICOMICO
STATE 10b. COUNTY	1	10c. CITY, 1	TOWN OR LOCA	TION	****		10d. INSIDE CITY
MARYLAND WIC	OMICO	SA	ALISBUR	Y			1 YES 2 NO
STREET AND NUMBER			10	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
204 LINWOOD AVE				218	01		USA
MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				NIC ORIGIN? (Specify '	Yes or No- 14	I. RACE — American Indian, Black, White, etc.
Never Merried 2 Married Widowed 4 X Divorced	IF YES, GIVE WAR OR DAT			2 NO Specif			Specify:
15. DECEDENT'S EDUC	CATION	44- 0505051510 114					WHITE
(Specify only highest grade	completed)	(Give kind of work life, Do NOT use r	k done during mo	ost of working	16b. KIND OF E	BUSINESS/INDUS	STRY
Elementary/Secondary (0-12) 1 YEARS	College (1-4 or 5+)	WELDER				WELDIN	IC
FATHER'S NAME (First, Middle, Last)		WELDER		18. MOTHER'S N	ME (First, Middle, Maid		10
GEORGE ROE	ERT KEM	IP, SR		ANN	R.		FFELD
INFORMANT'S NAME (Type/Print)			DORESS (Street a	and Number or Rural	Route Number, City or 1		
ANN R. KEMP					LISBURY,		
METHOD OF DISPOSITION		PLACE OF DISPOSIT	ION (Name of cer	metery, crematory or	20c.	LOCATION — CIT	y or Town, State
Burlet 2 10 Cremetion 3 - Remo	SA SA	LISBURY (CREMATO	RY	SA	LISBURY	Y, MD
HOHATURE OF FUNERAL PERVICE LIC	2/1			ND ADDRESS OF FA	RAL HOME,	PA	
PART I. Enter the diseases, Dr o	Wallock				RD, SALI		
	b. ACGU: M.d. DUE TO (OR AS A OUE TO (OR AS A			y Lyro	leene		inknow
RT II. Other algnificant condition	a contributing to deeth bu	it not resulting in	the underlyin	g cause given In	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
			28 P	LACE OF DEATH (C	neck only one)		
MAS CASE REFERRED TO MEDICAL	HOSPITAL:		THER:				
EXAMINER?	1 Innetlent 2 Enforce	ment a LI DOM 4	☐ reurning Hori	TE D LI HESIGENCE	6 Other (Specify)		
EXAMINER? 1 YES 2 NO	1 ☑ Inpatient 2 ☐ ER/Outpa 28a. DATE OF INJURY	28b. TIME (OF 28c, IN.	JURY AT	28d, DESCRIBE HO	W INJURY OCCU	RED
EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 8 Pending		28b. TIME (IY WO	JURY AT DRK?	28d. DESCRIBE HO	W INJURY OCCU	RED
EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 8 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	INJUR	M 1	YES 2 NO			
EXAMINER? YES 2 NO Notural 8 Pending Investigation Suicide 8 Could not be	28a. DATE OF INJURY	- At home, farm, stre	M 1	YES 2 NO		et end Number or	RED Rural Route Number,
EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 8 Pending Accident Investigation Suicide 8 Could not be determined CERTIFIER 1 CRETIFYINO PHYSI	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special Clans)	At home, farm, stru	M 1 WC	PRK? YES 2 NO	28f. LOCATION (Stre City or Town, Sta	et end Number or ite)	Rural Route Number,
EXAMINER? 1 YES 2 NO MANNER OF DEATH Netural 8 Pending Investigation 3 Sulcide 8 Could not be detarmined CERTIFIER (Check only) 1 CERTIFYINO PHYSI	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Special	At home, farm, stru	M 1 WC	PRK? YES 2 NO	28f. LOCATION (Stre City or Town, Sta	et end Number or ite)	Rural Route Number,
EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be determined CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Control of the best of my knowled in the basis of examination	At home, farm, stru	M 1 WC	PRK? YES 2 NO	28f. LOCATION (Stre City or Rown, Str to the cause(a) and a time, data and place,	nanner as stated	Rural Route Number,
EXAMINER? 1 YES 2 NO MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicide 8 Could not be detarmined CERTIFIER (Check only one) 2 MEDICAL EXAMINE SIGNATURE AND TITLE OF CERTIFIER	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Clant: To the best of my knowled in the basis of examination of examination of the basis of examination of the basis of examination of the basis of examination of examination of examination of examination of examination of examination of examination of examination of examination o	At home, farm, stri	M 1 W 1 week, factory, office at the time, date in my opinion, a	PRK? YES 2 NO se end place, and du death occured at the	28f. LOCATION (Stre City or Rown, Str to the cause(a) and a time, data and place,	nanner as stated	Rural Route Number, L. cause(a) and manner as state
1 YES 2 NO MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 1. CERTIFIER (Check only 1 CERTIFYINO PHYSIC	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Clant: To the best of my knowled in the basis of examination of examination of the basis of examination of the basis of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination of examination	At home, farm, strayy) At home, farm, strayy) and/or investigation, TH (ITEM 27) (Type, P.	M 1 W 1 week, factory, office at the time, date in my opinion, a	PIK? YES 2 NO an end place, and du deeth occured at the 29c. LICENSE NU	28f. LOCATION (Stre City or Rown, Str to the cause(a) and a time, data and place,	nanner se stated and due to the	Rural Route Number, L. cause(a) and manner as state

1	-	FOR STATE REGISTRA	AR
	1 D	ECEDENT'S	MAI

214 18 6172 9a. FACILITY NAME (il not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Anne Arundel 10c. CITY, TO Croft 10a. STREET AND NUMBER 15.09 ELWYN AVE. 11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WWII 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)	DWN OR LOCATION OTI 10f. ZIP CODE 21114 13. WAS DECENDENT OF If yes, specify Cuban 1 Yes 2 NO NO NAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh	MIN. July 18 July 18 N OF DEATH CITY F HISPANIC ORIGIN? (Specify, Maxican, Puarto Rican, etc., Specify:	1920 1920 10g. CITI Uni Ves or No- BUSINESS/IND	BIBLE STATE OF FORBIGN MARY LAND MARY LAND MARY LAND MARY LAND MARY LIMITS? 1 MARY LAND MARY LA
4. SOCIAL SECURITY NUMBER 214 18 6172 9e. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL PESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Maryland Anne Arundel 10e. STREET AND NUMBER 1509 ELWYN AVE. 11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES YeS WWII 15e. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Public Aft	THE DAYS HOURS CITY, TOWN OR LOCATION COTI 101, ZIP CODE 21114 13. WAS DECENDENT OF If yes, specify Cuben 1 Yes 2 NO NO MAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	24 HRS. 7. DATE OF BIRTH (Month, Day, You July 18 IN OF DEATH CITY F HISPANIC ORIGIN? (Specify, Maxican, Pusito Rican, etc., Specify: 18b. KIND OF GOVEY GOVEY GOVEY	1920 sc. cour B 10g. CITI Uni Vee or No- BUSINESS/IND	BIRTHPLACE (State or Foreign Country) Maryland NTY OF DEATH ALTIMORE 10d. INSIDE CITY 1 YES 2 NO ZEN OF WHAT COUNTRY? ted States 14. RACE — American Indian, Black, White, atc. Specify. White
214 18 6172 9a. FACILITY NAME (IV not Institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Anne Arundel 10a. STREET AND NUMBER 1509 ELWYN AVE. 11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) Public Afti	THE DAYS HOURS CITY, TOWN OR LOCATION COTI 101, ZIP CODE 21114 13. WAS DECENDENT OF If yes, specify Cuben 1 Yes 2 NO NO MAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	MIN. July 18 July 18 PHOF DEATH CITY F HISPANIC ORIGIN? (Specify: Maxican, Puerio Rican, etc., Specify: 18b. KIND OF GOVEY GOVEY GOVEY GOVEY	1920 sc. coul B Country) Maryland NTY OF DEATH ALTIMORE 10d. INSIDE CITY LIMITS? 1 NEW YES 2 NO IZEN OF WHAT COUNTRY? ted States 14. RACE — American Indian, Black, White, atc. Specify White	
9a. FACILITY NAME (II not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Anne Arundel 10a. STREET AND NUMBER 1509 ELWYN AVE. 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middia, Last) Pudol nb Kolly 19b. College (1-4 or 5+) 4 Public Afti	ALTIMORE OWN OR LOCATION ON 101. ZIP CODE 21114 13. WAS DECENDENT OF If yes, specify Cuban 1 YES 2 NO NO NAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	PN OF DEATH CITY FHISPANIC ORIGIN? (Specify, Maxican, Puarto Rican, etc., Specify: 18b. KIND OF GOVEY GOVEY GOVEY HER'S NAME (First, Middle, Mail	se. COUI B 10g. CITI Uni Ves or No— BUSINESS/IND Thment Iden Surname)	10d. INSIDE CITY LIMITS? 1 NESS 2 NO ZEN OF WHAT COUNTRY? ted States 14. RACE — American Indian, Black, White, etc. Specify White
THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Anne Arundel 10a. STREET AND NUMBER 15.09 ELWYN 11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 11. West WAR OR DATES YES WWII 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) Puddolph Kelly	ALTIMORE OWN OR LOCATION ON 101. ZIP CODE 21114 13. WAS DECENDENT OF If yes, specify Cuban 1 YES 2 NO NO NAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	F HISPANIC ORIGIN? (Specify, Maxican, Puarto Rican, etc. Specify: 18b. KIND OF GOVET	Business/ind	ALTIMORE 10d. INSIDE CITY LIMITS? 1 YES 2 NO ZEN OF WHAT COUNTRY? ted States 14. RACE — American Indian, Black, White, sic. Specify. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Public Aft 17. FATHER'S NAME (First, Middle, Last) Pudolph Kelly	10f. ZIP CODE 21114 13. WAS DECENDENT OF If yes, specify Cuban 1 YES 2 NO NO NO NAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	F HISPANIC ORIGIN? (Specify I, Mexican, Puerio Rican, etc., Specify: 18b. KIND OF GOVET GOVET	Uni Ves or No— BUSINESS/IND Thment Iden Surname)	ZEN OF WHAT COUNTRY? .ted States 14. RACE — American Indian, Black, White, etc. Specify White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Public Aft 17. FATHER'S NAME (First, Middle, Lest) Pud of the Kind of work Iffe. Do NOT use ref Public Aft	10f. ZIP CODE 21114 13. WAS DECENDENT OF If yes, specify Cuban 1 YES 2 NO NO NO NAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	F HISPANIC ORIGIN? (Specify I, Mexican, Puerio Rican, etc., Specify: 18b. KIND OF GOVET GOVET	Uni Ves or No— BUSINESS/IND Thment Iden Surname)	ZEN OF WHAT COUNTRY? .ted States 14. RACE — American Indian, Black, White, etc. Specify White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Public Aft 17. FATHER'S NAME (First, Middie, Last) Pudolph Kelly	21114 13. WAS DECENDENT OF If yes, specify Cuban 1 — YES 2 — NO NO IAL OCCUPATION done during most of working lead.) Fairs Offic 18. MOTH Joh	F HISPANIC ORIGIN? (Specify I, Mexican, Puerio Rican, etc., Specify: 18b. KIND OF GOVET GOVET	Uni Ves or No— BUSINESS/IND Thment Iden Surname)	ted States 14. RACE — American Indian, Black, White, atc. Specify White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Public Aft 17. FATHER'S NAME (First, Middie, Last) Pudolph Kelly	If yes, specify Cuben 1 YES 2 NO NO NO NAL OCCUPATION done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	n, Maxican, Puarto Rican, etc. Specify: 18b. KIND OF GOVET GOVET ER'S NAME (First, Middle, Mail	BUSINESS/IND	Black, White, atc. Specify White OUSTRY
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 Public Afti 17. FATHER'S NAME (First, Middle, Lest) Rudolph Kelly	done during most of working freed.) Fairs Offic 18. MOTH Joh DRESS (Street and Number of	er Gover	nment	
17. FATHER'S NAME (First, Middle, Lest) Rudolph Kelly	18. MOTH Joh	ER'S NAME (First, Middle, Mail	iden Surname)	(State)
Rudolph Kelly	Joh			
A II			EII	
198. INFORMANT'S NAME (Type/PTITE)	LWVII AVE. C	or Rural Route Number, City or		
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION				City or Town, State
1 ☐ Burial 2 🂢 Cremation 3 ☐ Ramoval from State other place)				ria Virginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	an Cremato		rexand	illa viiginia
· Robert E Evans Pres		ans Funeral		P.A. Maryland 2071
23. PART Enter the diseases, or complications that caused the death. Do not shock, or heert fellure. List only one cause on each life. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, it eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the cause of the cause can be considered as a consequence of the cause cause.	trie contentionis	to		Interval Betwee
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 1 NURY		PER	S AN AUTOPSY RFORMED? S 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		EATH (Check only one)		
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 4 (THER: Nursing Home 5 - Rec	sidence 6 - Other (Specify)		
		28d. DESCRIBE HO	OW INJURY OC	CURED
2			reet and Number State)	r or Rural Route Number,
4 Homicide determined building, stc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, is				
29b. SIGNATURE AND TITLE OF CERTIFIER		NSE NUMBER	29d. DAT	TE SIGNED (Month, Day, Year)
David K. (Kemann 17) JAK		9378		114/90
A -1		Hospital to	Baltime	ore 21205

must be notified at once.

MORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX	NG	at te	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior	1
	2	23	
_			

1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.		
1	EDECEDENT'S NAME (First, Middle, Last)	ELOISE	BIRD	KENNI	DY	2. DATE O	OF DEATH	PD YE	3. TIME OF DEATH
9	s. SOCIAL SECURITY NUMBER 254-14-1045 B. FACKITY NAME (if not institution, give, s	1 □ M 2 🔀 81	YRS.	DITTE DAYS D. CITY, TOWN	IF UNDER 24 MRS. HOURS MIN. DR LOCATION OF OE	Marc	oh 5,	0	eorgia OF DEATH
	RESIDENCE OF DECEDENT	EMORIAL	17039	FOWN OR LOCA	FREDA	£		(1811)	a cronge
	Maryland Prine	ce George's		erdale/					10d. INSIDE CITY LIMITS? TX YES 2 NO
	4901 Madison Str	eet		10	20737			USA	OF WHAT COUNTRY?
3	II. MARITAL STATUS I Never Merried 2 Merried X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X X X	If yes, sp	CENDENT OF HISPAN Decity Cuben, Mexicol 3 2 NO Specify	n, Puerto Ri			RACE — American Indien, Black, White, etc. Specify: aucasian
1	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Callege (1-4 or 5 +) 2nd	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i Housewi	k done during me etired.)		16b.	Own		RY
	17. FATHER'S NAME (First, Middle, Last) Jefferson F. Bird		Housewi	16	16. MOTHER'S NA		iddle, Malden Su		
	John Kennedy, J	r.			Street,				
2	20e. METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Rem Donetion 5 Other (Specify)	20b	PLACE OF DISPOSIT	ION (Name of ce	metery, crematory or		20c. LOCA	ATION — City	or Town, State
1	11. SIGNATURE OF FUNERAL BEEVICE LI	CENSOR)		FRAN		SCH'S			ERAL HOME Md. 20781
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):	1	INFA			itory arrest,	Approximate Interval Betwee Onset and Dea
	PART II. Other algnificant condition	ne contributing to death b		the underlylr	g cause given in	Part I.	24s. WAS AN A PERFORM	IED?	24b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etlent 3 DOA 4	OTHER:	LACE OF DEATH (Ch	6 🗆 Other	(Specify)		
2	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUR	₹Y M 1 □	JURY AT ORK? YES 2 NO		CRIBE HOW IN		
	3 Suicide a Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, offi	D O		ATION (Street an or Town, State)	d Number or R	tural Route Number,
2	cond. Stay	ICIAN: To the best of my know ER: On the beele of examination							use(e) end manner ee stated.
ľ	HAL SIGNATURE AND TITLE OF CENTURE	w ~	\sim D		29c. LICENSE NUI	ABER O	9	29d. DATE SIG	SNED (Month, Day, Year)
3	OO. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (TYPO, P	rint)	A HTS	IE.	RIVE	ELD B	cle, wy 593
3	JAN 19 '90	32. REGISTRAR'S SIGN Julia Davidson-A	ature						
									DHMH-16 Rev

nours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit per, or removal.	medical examiner must be notified at once.	TO RE COMPIETED R
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO RE COMPLETED BY DHYSICIAN MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIMIE OF MAI		RIMENT OF I		MENTAL HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Lest)	ELEN LO	OUISE K	TTS		2. DATE OF DEATN	AY . 90 YEAR	3. TIME OF DEATH A
4. SOCIAL SECURITY NUMBER 231–24–8178	5. SEX 6	AGE (In yrs. last birthday 62 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-13-192	8. BIR Cou Vir	THPLACE (State or Foreign niry) Ginia
9a. FACILITY NAME (If not institution, give st So MALY RESIDENCE OF DECEDENT		LOSPITAL	9b. CITY, TOWN	LINTON	EATN	PLINE	CL- GGONBU
Maryland Charl)	ndian Hea	ad			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 27 Greenwood Plac 11. MARITAL STATUS					0640	USA	WHAT COUNTRY?
1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yein, Puerto Rican, etc.) y:	Bit Sp	CE — American Indian, ack, Whita, etc.
15. DECEDENT'S EDUC (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind o	s usual occupati I work done during m use retired.) NCE WOIK	ost of working		Service	
17. FATHER'S NAME (First, Middle, Lest) John Douglas Coop	er				ME (First, Middle, Maiden Eubank Coi		
James F. Kitts, J	r.				Route Number, City or Tow Indian Hea		20640
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remains 5 Other (Specify)	oval from State	20b. PLACE OF DISP other place) Nazaren	e Cemete	ry	Pis	gah, Md.	Town, State
21. SIGNATURE OF FUNERAL SERVICE CO	ENSEE	1>		T Funera Box 156	Home 5, Waldorf	, Md. 20	604-0156
23. PARTY. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each line.	east Ca	oda of dylng, such	ch as cardiac or resp	iratory arrest,	Approximate interval Betwee Onset and Dear
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE					
PART II. Other significent condition PARTY TOPEN 19 SE History of 149	s contributing to de Condary 7 Localismia	eth but not resulting	g in the underlyin	ng cause given in	Part I. 24e. WAS AI PERFO	RMED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpatient 3 DOA	OTHER:	LACE OF CEATN (CI	6 Other (Specify)		
27. MANNER OF DEATN 1 Astural 5 Pending Investigation	26e. DATE OF INJ (Month, Day,	IURY 26b. T	IME OF 26c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	n, street, factory, offi	CO CO	26f. LOCATION (Street City or Town, State		al Route Number,
anal and					e to the cause(a) and me		e(a) and manner ea stated.
	0						

32. REGISTRAR'S SIGNATURE
This Davidson-Rondoll

31. DATE FILED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3146	s nours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

AIM

31. DATE FILED (Month, Day Year), 90

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEATH	MENTAL HYGIEN		
and the state of t		OLITIN 10	AIL OF BEATTI	2. DATE OF DEATH		3. TIME OF DEATH
George E Kn	nx			1	9 19	90 7:40P
4. SOCIAL SECURITY NUMBER 5.			UNDER 1 YEAR IF UNDER 24 HRS	. 7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country) MD
9e. FACILITY NAME (If not Institution, give street	and number)	96	CITY, TOWN OR LOCATION OF			Y OF DEATH
Carroll County Gen	Hospital	U	estminster,	Md.	Car	roll
Md. Carrol	1	10c, CITY, TO	OWN OR LOCATION Wes	tminster		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 3643 Sykesvill	e Road		2//5°	7	10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISI If yee, apecify Cuban, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	e or No 14	S. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16	Se. DECEDENT'S USU	I IAL OCCUPATION done during most of working	16b. KIND OF BU	ISINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	& Hatchery	man Agni	0117 +11	mal
17. FATHER'S NAME (First, Middle, Last)		1 off mot		NAME (First, Middle, Meider		ıraı
George Bernar	d Knox		141	ie Matthe		
190. INFORMANT'S NAME (Type/Print) Charlotte I.	Vnov		DRESS (Street and Number or Rui			
208 METHOD OF DISPOSITION	20b. PL		vkesville R			r. MD 211!
1 Donation 6 Other (Specify)	from State of	ther place)	asant Cemet		amber	
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	110. 110	22. NAME AND ADDRESS OF	FACILITY		
Robert K. Pr	itts. Sr.		Pritts Fu	neral Hom	e & C	hape1
23. PART I. Entar the diseases, or con ahock, pr heart fellure. Lis	nplications that coused th	ne death. Do not	enter the mode of dying, a	uch as cardlec or reap	We s	
IMMEDIATE CAUSE (Finel disease or condition resulting in death)			ratory	Jailu	u	Onset and Dea
			•		_	days
Sequentially list conditions, b	DUE TO (OR AS A CO	DISEQUENCE OF	-a			0472
if any, leeding to immediate cause. Enter UNDERLYING	COPI					year
CAUSE (Disease or injury that initieted events reaulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):				
PART II. Other aignificant conditions of	contributing to death but	not resulting in t	he underlying seuse given	in Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDING
	atrial f.	idne	letion	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
all CVH						1 TES 2 NO
	IOSPITAL:	Ι α	26, PLACE OF DEATH	(Check only one)		
1 YES 2 DNO 1	Inpatient 2 - ER/Outpatie	ent 3 DOA 4	Nursing Home 5 - Residen			
27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investigation	(Month, Day, Year)	286. TIME O	F 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW	INJURY OCCU	RED
3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, street	rt, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
4 Homicide determined						
4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA			t the time, date and place, end			
4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA			t the time, date and place, end on my opinion, death occured at	the time, date end place, s	and due to the	

Box

6 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall WINDSOR

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as at the burlal-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR	Pour De	te
_	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with nours after death, Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
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	市工	中京	THE
	TO	中山田	MPC
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1. OECEDENT'S NAME (File		Ruby	L. L	uck						TE OF DEATH	, 19	9Ŏ ^{ear}	3, TIME 2.2	of DEATH
4. SOCIAL SECURITY NUI	MBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		E OF BIRTH				State or Foreign
223-05-68	89	1 🗌 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.		ot. 7,	1913	Vi	rgin	ia
9a. FACILITY NAME (# not	institution, give a	street and number)			9b. CITY,	TOWN C	R LOCATI	ON OF O		,		NTY OF		
Laurelwoo		ng Cente	r		El	ktc	n				Ce	cil		
RESIDENCE OF DE	10b. COUNT	v		T 40 - 017	V TOWN OF									
Delaware		Castle			Y, TOWN OF								U	SIDE CITY MITS? ES 2 [X] NO
10e. STREET AND NUMBE		Cabere			11441		ZIP COD	E			I son CIT	IZEN OF	WHAT CO	
2048 Old		on Road					197					J.S.		OWINIT
11. MARITAL STATUS	TCTCGTC	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13 W	AS DEC			NIC OBIG	GIN? (Specify Ye				rican Indian,
1 Never Merried 2	Merried	FORCES?	YES 2 X	NO	11	yes, sp	ecify Cubi	ın, Mexica	ın, Puert	o Rican, etc.)	. 01 110	Bla	ick, White,	atc.
3 🔀 Widowed 4 🗌 Di	vorced	IF YES, GIVE V	MAR OR DATES		1	☐ YES	2 X NO	Specif	y:		100	Spe	wh	nite
	ECEDENT'S EDU		16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON:		10	8b. KIND OF BU	SINESS/INI	DUSTRY		
(Specify of Elementary/Secondary	only highest grade	College (1-4 or 8	+)	Give kind of fe. Do NOT u	work done du se retired.)	uring ma	st of worki	ng						
12	, , ,			memak	er									
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First	t, Middle, Maider	Surname)			
Sa	muel H.	. Llewely	'n					Jnkno						
19a. INFORMANT'S NAME				9b. MAILING	ADDRESS	(Street a	and Numbe	r or Rural	Flourte Nu	imber, City or Tox	vn, State. Zi	p Code)		
William S	. Luck	. Sr.			3 01d						ddlet		, DE	19709
20a. METHOD OF DISPOS			20b. PLAC		SITION (Nam						CATION -			
1 Buriel 2 Crema 4 Donation 5 Oth	tion 3 🗆 Rem	noval from State	other	place)	Memo		Hall Co			1000	v Cas		200	
21. SIGNATURE OF FUNE		CENSEE	1	4						1			,	
		A .			22. N	IANE A	ND ADDRE	SS OF FA	CILITY					
Laly	Sh	82	Liek	20		Hic Bow Elki	and	Sto	for ckto		ets			
23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	haart failure.	a. ASP	use on each lir	1a.	not antar t	Hic Bow Elki	and and	Stor MD Ving, aud	for ckto	n Stre	ets		1	
ahock, or IMMEDIATE CAUSE (I disease or condition	ditions, nediate LYING njury	a. DUE TO b. OUE TO c.	USE ON EACH III	EOUENCE C	not antar t	Hic Bow Elki	and and	Stor MD Ving, aud	for ckto	n Stre	ets		1	ntarval Between
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M.D.

Thomas Finucan,

JAN 1 2 90

721 Bridge Street

Elkton, MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after the search fraction of the attending physician and completely filled in by the formula forestor, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exeminer must

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CI	ERTIFICATE	OI	F DEAT	'H		REG.	NO.

	FOR 1 • STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN	E		
	DECEDENT'S NAME (First, Middle, Last) C	ora L. L	illy		2. DATE OF DEATH MONTH January 1	ž, 1990	3. TIME OF DEATH 0805 M	
	408-58-7441 1	SEX 6. AGE (In yrs. les 54	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 22, 1	935 Te	RTHPLACE (State or Foreign unity) ennessee	
OR	9a. FACILITY NAME (If not institution, give street 311 Landing Lane	and number)		, town or location of di Lkton	EATH	9c. COUNTY O		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN				10d, INSIDE CITY LIMITS?	
	Maryland Cecil 100. STREET AND NUMBER		Elktor	10f, ZIP CODE		10g. CITIZEN C	1 ☐ YES 2 ☐ NO F WHAT COUNTRY?	
FUNERAL	311 Landing Lane	MAC DECEDENT EVED IN ILO. AT	murp 40	21921		U.S.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X IN IF YES, GIVE WAR OR DATES	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	n, Puerto Ricen, atc.)	В	ACE — American Indian, lack, Whita, atc. pecify: White		
PLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 11	opleted) (G college (1-4 or 5 +)	CCEDENT'S USUAL Of live kind of work done in Do NOT use retired.) OMEMAKET	CCUPATION during most of working	16b, KIND OF BUS	INESS/INDUSTR	Y	
E CON	17. FATHER'S NAME (First, Middle, Last) Russell Martin 18. MOTHER'S NAME (First, Middle, Meiden Surname) Mary Martin							
TO B	19a. INFORMANT'S NAME (Type/Print) Arthur C. Lilly,		b. MAILING ADDRES 311 Land:	s (Street and Number or Rural ing Lane	Aoute Number, City or Town Elkton, MD	n, State, Zip Code 2192		
9	20a. METHOD OF DISPOSITION Jan. 1 💢 Burlal 2 □ Cremation 3 □ Ramoval 4 □ Donation 5 □ Other (Specify)	from State other pi	lace)	ame of cometery, cremetory or Methodist Ce		cation — City o	Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENS			NAME AND ADDRESS OF FA Hicks Home Bow and Sto	for Funera ckton Stre	ls, P.A		
	23. PART i. Enter the diseases, or com shock, or heart fellure. Lief	pilications that coused the de t only one couse on each line	eth. Do not enter	the mode of dying, suc	h as cerdlec or respi	retory srrest,	Approximate interval Between	
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Suppen De. DUE TO (OR AS A CONSER Pheumanch	ATA, PA	Sally Can	DIAC		Onset and Death	
LION	If eny, leeding to immediate	Phenanch DUE TO (OR AS A CONSE	OUENCE OF):	lesse, mitten	Luglie Re	BACETA	1974	
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	QUENCE OF):					
	PART ii. Other significent conditions of	contributing to death but not	resulting in the u	nderlylng cause given in	Part I. 24a. WAS AN	AIFTORSY	24b. WERE AUTOPSY FINDINGS	
EDICAL	TANK III GUINT OF STREET	on both but not	- I the o	noonying cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: M							1 YES 2 NO	
ICIA		OSPITAL:	OTHE					
PHYSICIAN: MEDIC	27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpatient 3 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D	
red BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac		28t, LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,	
COMPLET	one)	N: To the best of my knowledge, do					se(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	m. 7		29c. LICENSE NU	MBER F. S. F.		NED (Morith, Day, Year) Am 1990	
2	30. NAME AND ADDRESS OF PERSON WHO C		M 27) (Type, Print) ast Main	Street	Elkton, MD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	JAN 16 '90	32. REGISTRAR'S SIGNATURE Julia Davids	on-Pandell		•			

		trium Pages 1, 2, 3 should	1
DALL MONE, MANILAND 61603-5140	ours after death. Page 6 may be retained by the hospital or attending procures	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached for use as the burner from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 2, 3 should be detached from the Pages 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	the medical examiner must be notified at once.
DIVISION OF VITAL AECONDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nous after death. Page 6 may be retained by the hospital or attending practice.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the strength of the str	be med within 12 hours after bear with the state bept, or regular and mental regular or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI			MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last))	7 . I	IL OI	DEATH	2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	O.TIFY	: //			Januar	y 14 19	90 7:16A "		
	099-14-8206	1 □ M 2 🔀 F	8 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Sep. 25, 1	891 🕺	RTNPLACE (State or Foreign ountry) IEW YORK		
ا ۾	90. FACILITY NAME (If not institution, give s		96.		R LOCATION OF DE liamspor		9c. COUNTY O	ington		
DIRECTOR	Williamsport Nur RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT		10c CITY TO	WN OR LOCAT		10d. INSIDE CITY				
DIR	Maryland Was	shington		iamspo				1 X YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?		
NE.	20 E.Sunset Ave.	TAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				21795 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No				
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO	If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:				o 14. RACE American Indian, Black, White, etc. Specify: White			
E	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of work of	AL OCCUPATIO	ON st of working	16b. KIND OF B	USINESS/INDUSTR	Y		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) Housewife Home									
COM	17. FATNER'S NAME (First, Middle, Last)		M		18. MOTHER'S NA	ME (First, Middle, Maide	,			
BE	Frederick 19a. INFORMANT'S NAME (Type/Print)		Mason	DE00 (0)	Anne	Route Number, City or To		Swenson		
2	Edward H.Levy					iamsport,				
	20a. METHOD OF DISPOSITION 1√ Surial 2 □ Cremation 3 □ Rem	20b.	PLACE OF DISPOSITION	N (Name of cer	netery, cremetory or	20c. L	OCATION — City of			
	4 Donation 5 Other (Specify)		0100112011	22. NAME AF	ID ADDRESS OF FA	CILITY				
	>///with/03	Hu-				RAL HOMES Williams	port MD	21795		
	23. PART I. Enter the diseases, or speck, or hear failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Preus	ch lina.	nter tha mo	da of dying, auc	h as cardisc or res	piretory srrest,	Approximate Interval Between Onset and Death		
NO	Sequentially list conditions,	b	CONSEQUENCE OF):							
CATI	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
CERTIFICATION	that initiated events reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
AL CE	PART ii. Other significant condition	ns contributing to death bu	it not resulting in th	e underlyin	g ceuse given in		IN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDIC	-					PERFO	DRMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)				
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpetiant 2 ER/Outpe		HER: Nursing Hom	e 5 🗆 Realdance	8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D		
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Specif	— At home, farm, street	, factory, offic		281. LOCATION (Stree City or Town, Stat		iral Route Number,		
COMPLET	ana)	ER: On the best of my knowle						ise(e) and menner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE				29c, LICENSE NU	MBER 700	29d. DATE SIG	NEO (Month, Day, Ybar)		
2	30. NAME AND ADDRESS OF PERSON WI			•	D 00000					
	Ted E. Howe, MD,	32 REGISTRAN'S SIGNA	TURE, UL	ney, M	ш 20832	_				
	JAN 17'90	Juna vainas	m-Manage							

	1 - STATE REGISTRAR	STATE OF MARY				HEALTH AN	ID MEN	TAL HYGIEN	E	20	040.
1	1. DECEDENT'S NAME (First, Middle, Leet)						2. C	DATE OF DEATH		RAS	TIME OF DEATH
- 1	ROSE G. LO	OFT	the one to a	A Admit of the A	IF UNDER 1 YEA	AR IF UNDER 24 HI		Jan. 11	. 199		:00 A "
		1 M 2 VF	(In yrs. les		ONTHS DAY			Month, Day, Year)		Country)	CE (State or Foreign
	061-28-9544	_ A	87	YRS.				6 20 0			
DIRECTOR	98. FACILITY NAME (If not inetitution, give 313 North Stro RESIDENCE OF DECEDENT				East	ON OR LOCATION O	OF DEATH		Talk		
2	10a, STATE 10b. COUNT	TY		10c, CITY,	TOWN OR LO	CATION				10d	I, INSIDE CITY
E	Maryland Tai	lbot		Fa	ston					1.5	YES 2 NO
	10e. STREET AND NUMBER	LDOC		La	3 0011	101, ZIP CODE			10g. CITIZEN		
FUNERAL	313 North Str	oot				2160	1				
2	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. AR	MED	19 WAS			RIGIN? (Specify Yes		S.A	
	1 Never Married 2 Married	FORCES? 1 TYES	S 2 X	10	If yes	, specify Cuban, Me	exicen, Pu		J. 1.0		American Indian, hita, etc.
ВУ	3 Nildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		ן י	YES 2 X NO S	ipecity:			Specify:	to
B	15. DECEDENT'S ED		16a. DE	CEDENT'S U	SUAL OCCUP	PATION		16b. KIND OF BUS	SINESS/INDUS		LC
	(Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5 +)	(G.	ive kind of wo Do NOT use	retired.)	most of working					
P	1 7	Contage (1-4 of 5 4)	S	how	girl			thea	ter		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				9212	18. MOTHER'S	S NAME (F	irst, Middle, Maiden			
	James R. Galla	agher				Anno	Cal	llagher			
BE	19a, INFORMANT'S NAME (Type/Print)	Iquel	19	b. MAILING A	ADDRESS (Str			Number, City or Tow		de)	-
2	Maureen Boylar	Бо						w York			000
						cometery, crematory			CATION — City		
	20a, METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State	other pl	ece)							
	21. SIGNATURE OF FUNERAL, SERVICE L	ICENSEE	St.	Ray		S Ceme			onz,	New	York
								al Home			
	JOHN F	3. MERG	ER	00		ton. M					
	23. PART i. Enter the diseases, or	complications that caus	ed the de	ath. Do no	ot antar tha	moda of dying,	such as	cardiac or reap	iratory arres	i,	Approximate
	iMMEDIATE CAUSE (Final	. Liat only one cause on			_				•		Interval Between Onset and Death
	disesse or condition	. Arterio Sc	-000	ST I A	Can	dings.	AL DO	and he	0040		ĺ
	resulting in death)	OUE TO (OR AS	A CONSE	OUENCE OF	:			01 204			<u> </u>
2		-									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSE	OUENCE OF)	:						
3	cause. Entar UNDERLYING	C									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSE	OUENCE OF)	:						
F	reaulting in deeth) LAST	d									
CAL	PART II. Other significant condition	one contributing to death	but not	resulting in	1 tha Under	lying cause give	n in Parl	I. 24a. WAS AN PERFOI		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
00								1 TYES	NO 🗆		MPLETION OF CAUSE DEATH?
MEDI										1[YES 2 NO
ä											
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE OF DEAT	H (Check o	nly one)			
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3		OTHER: 4 \(\text{Nursing} \)	Home 5 Reside	enca 6 🗆	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year		28b. TIME	OF 28c	INJURY AT WORK?	280	. DESCRIBE HOW	INJURY OCCU	RED	
ВУ Б	1 Natural 5 Pending 2 Accident Investigation		,			YES 2 N	0				
	3 Suicide a Could not b	28e. PLACE OF INJU	RY — At he	ome, farm, st	treet, factory,	office	281	LOCATION (Street City or Town, State	and Number or	Rural Rout	e Number,
COMPLETED	4 Homicide detarmined		, ,					y =, atalo			
LE	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kn	owiedge, d	eath occurre	d at the time.	data and place, an	d due to t	he cause(a) and ma	nner as stated		
ME	CONSCR UNITY	NER: On the basis of examine									nd manner as stated.
00	296. SIGNATURE AND TITLE OF CERTIF										
BE	THE STATE OF CENTS	1				29c. LICENS	NUMBER	7CG	29d, DATE S	IGNED (M	opth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V	WHO COMBI ETED CAUSE OF	DEATH AT	M 270 /3	Order)	1 1)	4	16		12	170
	III VOLITABLE AND ADDRESS OF FERSON I	THE SUMPLE IED WANTE OF	VENTO III E	em ATTIVUO.	r (HR)						

404 Marvel Court, Easton, MD

Thomas

Divilio,

M.D.

32. REOFTHAR'S TIGNATURE And DE

and the same from the same

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MORRO, Day, Year)

32. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR		STATE UF MARY				HEALTH AND	MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)							OF DEATH			3. TIME OF DEATH
LEE	LLEWI	ELLYN	LAW	RY, J	R.		MONTH		16/99	75	1859 M
4. SOCIAL SECURITY NUME	BER	5. SEX 6. AGE	(In yrs. leaf I	birthday) I	F UNDER 1 YEA		7. DATE	OF BIRTH	8.	BIRTHP	LACE (State or Foreign
213-42-1014		1 M 2 F	78	YRS.	ONTHS DAY	8 HOURS MIN.	7- €	n, Dey, Year) 0 - 191			SYLVANIA
PENINSULA GE						SBURY, MA		ND	WIC		
RESIDENCE OF DEC											
MARYLAND	10b. COUNTY	ICOMICO SALISBURY							- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
10e. STREET AND NUMBER	Ç.					101. ZIP CODE			10g. CITIZEN	OF WI	HAT COUNTRY?
315 N. DIV	ISION :	STREET				21801				US	A
11. MARITAL STATUS	6	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARM			DECENDENT OF HISPA , specify Cuben, Mexico			or No 14.	RACE - Black,	American Indian, White, atc.
1 Never Married 2 X		IF YES, GIVE WAR OR				YES 2 XNO Spech				Specify	
	EDENT'S EDU	CATION	16a, DEC	EDENT'S US	BUAL OCCUP	ATION	16b.	KINO OF BUS	INESS/INDUST		WHITE
(Specify oni Elementery/Secondary (C	y highest grade	completed) College (1-4 or 5+)	(Give	e kind of wor Do NOT use i	k done during retired.)	most of working					
	,	10 YEARS	DO	CTOR				MEDIC	INE		
17. FATHER'S NAME (First, M	liddle, Last)					16. MOTHER'S NA	AME (First, A	Middle, Maiden	Surname)		
LEE	L.	LAWRY, S	R.			BESS			WIC	KHAI	M
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Stre	et and Number or Rural	Route Numb	ber, City or Town	n, State, Zip Coo	de)	
MARY LAWRY			31	5 N.	DIVIS	ION ST, S	ALISI	BURY, 1	MD 218	01	
20a. METHOD OF DISPOSIT 1 X Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗌 Rem	2/90 lovel from State A	RI.ING	TON N	NATION	cametery, crematory or IAL CEMETE	RY		CATION — CHY ING'I'ON		
21. SIGNATURE OF FUNERA						OWAY FUNE		IOME D	A		
Arton	n. A	olloway	1			SNOW HILL				MD :	21801
23. PART I. Enter the d	iseasea, or	complications the collec	d the dee	th Do no							
anock, or n		I lot and one of the on	and the	50 110	t enter the	mode of dying, aud	ch es card	diac or reapi	ratory arrest		Approximate
IMMEDIATE CAUSE (FI		List only one column on	each iina.						ratory arrest		Approximate interval Between Onset and Death
IMMEDIATE CAUSE (Findisease or condition		List only on of on	each iina.	lamil					ratory arrest		interval Between
IMMEDIATE CAUSE (FI		List only one cours on	each iina.	lamil					ratory arrest		interval Between
IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nal →	Due to constant	A CONSECU	Jonns UENCE OF): Carli		tic arece			retory arrest		interval Between
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme	nal	List only on Rupture	A CONSECU	Jonns UENCE OF): Carli					ratory arrest		interval Between
IMMEDIATE CAUSE (Firdisease or condition resulting in death) Sequentially list condit if any, leading to immercause. Enter UNDERLY CAUSE (Disease or inju	tiona, diste	DUE TO OUR AS	A CONSEQUE	UENCE OF):					ratory arrest	9	interval Between
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IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ciona, didiate iNG	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENT A CON	UENCE OF): UENCE OF):	sure sure	tic aren	uy-	24a. WAS AN PERFOR	AUTOPSY MED?	24b. 1	interval Between Onset and Death # I # I # I # I # I # I # I # I # I #
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IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ciona, diate ING Jury ST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENT A CON	UENCE OF): UENCE OF): UENCE OF):	And place the underl	tic aren	n Part I.	24s. WAS AN PERFOR	AUTOPSY MED?	24b. 1	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)	Catherine N				2. DATE OF DEATH MONTH	OAY YEAR		
	4. SOCIAL SECURITY NUMBER 217-54-6030 90. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (in y	rs. lest birthday) IF YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE.	7. DATE OF BIRTH (Month, Day, Year) 11/15/9	6. BIR Cou	THPLACE (State or Foreign intry)	
IOR RO	Memorial Hospita			Easton Talbot					
AL DIRECTOR	16a. STATE 10b. COUNT	ueen Anne's	10c. CITY, TO		ster or. zip code		10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Married 3 XWIdowed 4 Divorced	12. WAS OECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	P NO If yea, specify Cuben, Maxican, Puerlo Rican, etc.) Black, Whita, 1 ☐ YES 2 ☐NO Specify: Specify:						
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 18 completed) Coflege (1-4 or 5+)	e. DECEDENT'S USU (Give kind of work kite. Do NOT use re HOUSEV	done during m tirad.)	ON ost of working	16b. KIND OF B	USINESS/INDUSTRY	White	
COMP	17. FATHER'S NAME (First, Middle, Last)		House	VIIE	18. MOTHER'S NAM	RE (First, Middle, Maide	en Sumame)		
TO BE	Ezekiel Hu: 19a. INFORMANT'S NAME (Type/Print) John W. Lege				and Number or Rural R		own, State, Zip Code)	er	
	20s. METHOD OF DISPOSITION 1 XBurial 2 Crematton 3 Ram 4 Donation 5 Other (Specify)	oval from State 20b. PI	ACE OF DISPOSITION	Neme of ce	Chester, ometery, crematory or Cemetery	20c. i	619 LOCATION — CHy or evensvi	Town, Stata	
940	21. SIGNATURE OF FUNERAL SERVICE LIE Linda M.			Tom	Helfenb Box	ein Fun		mes, P.A. MD 21619	
	IMMEDIATE CAUSE (Fine)	List only Dne ceuse on each	line.					Approximate Interval Between Onset and Death	
ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events recuiting in death) LAST CAUTE PURPORARY READ TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
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BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY	INJURY At home, farm, stree	M 1 🗆	ORK? YES 2 NO	281. LOCATION (Street		al Route Number	
m 28 is ETED	4 Homicide determined	building, atc. (Specify)				City or Town, Sta	te)	,	
MPL	onel —	ICIAN: To the bast of my knowledger. On the basis of examination as						e(a) and manner as stated.	
D BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	R STRAIGHT M	ħ		29c. LICENSE NUM	-		ED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pris			20	1-1-	16-90	
	31. DATE FILED (Month, Day, Year) 990	297 Eas 32. REGISTRAR'S, SIGNATU Juna Davidos	on Randale	, (a.	2.001		· · · · · · · · · · · · · · · · · · ·		

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ITME [FR	st, Middle, Last)			CERTIFIC			2. DATE	REG. NO.			3. TIME OF DEATH
Donis	6.	Lindso	x V				MONTH	AN DA		YEAR	410A "
4. SOCIAL SECURITY NUM	MBER	5. SEX	_	rs. lest birthday)	IF UNDER 1 YEAR			OF BIRTH		S. BIRTHE	LACE (State or Foreign
577-07-743	0	1 M 2 KF	8.	3 YRS. 1	MONTHS DAYS	HOURE MIN.	2/	13/C	6	Country, PENN	SYLVANTA
9e. FACILITY NAME (If not	Institution, give :	street and number)	1 1		96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNT		7 122-12-1
HULY (CEDENT	Hospi	tal		Silv	er Spri	ing		Mc	20	+
10a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
MARYLAND	MON	TGOMERY		SIL	VER SP	RING					1 YES 2 NO
10e. STREET AND NUMBER					1	IOf. ZIP COOE			10g. CITIZE	EN OF WI	HAT COUNTRY?
1900 LYTTON	SVILLE	ROAD #3	12			20910			US	A	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div		12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	S XNO	If yes, s	ECENDENT OF HISPA apecify Cuban, Mexic ES 2 NO Specif	en, Puello F			4. RACE Black, Specify WHIT	
15, DE	CEDENT'S EOL	JCATION	16	a. DECEDENT'S U	SUAL OCCUPAT	TION	16b	KIND OF BUS			E
(Specify or Elementary/Secondary	nly highest grade	completed) College (1-4 or 5		(Give kind of wo	ork done during n	most of working					
12	(0.2)		1	HIEF TE	LEPHONI	E OPERATO	RIMA	SHINC	CON C	AC C	OMPANY
17. FATHER'S NAME (First,	Middle, Last)				<u>DDI IIOII</u>	18. MOTHER'S NA				30 (UMPANI
JACOB G	OLDSMI	TH				ROSE	DeANO	CONNA			
19a, INFORMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS (Street	t and Number or Rural			, State, Zip C	Code)	
ROBERT W.	LINDS	AY		1900 L	YTTONS	VILLE ROA	D #31	2 STL	JER SI	PRTM	G.MD. 2091
20a, METHOD OF DISPOSI		and from State	20b. Pt			cemetery, crematory or			CATION — CI		
Donation 5 Oth		NOVAI ITOMI STATE			AVEN CI	EMETERY		SIL	VER SI	PRIN	G.MARYLAND
21. SIGNATURE OF PUNER	AL SERVICE LI	CENSER				AND ADDRESS OF F					
D/ 811~	end 11	1000	, [CIS J. CO					INC. MD.20901
23. PART I. Enter the	dieeeses, or	complications the	t coused th	ne death. Do no	ot enter the m	node of dving, eu	ch ee cerd	llec or reeple	retory erre	st.	Approximate
ehock, or	heert fellure.	Liet only one ce	use on eech	Ine.							
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resulting in deeth)		e		ONSEQUENCE OF	wat	try G	lira	st.	,	,	Interval Between
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	F VITAL	P P
	5	AN
- 1	0	PHYSIC
	DIVISION	THE HOSPITAL OR ATTENDING PHYSICIAN. The law in
-	5	AT
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		HOSPITAL
		THE
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/	1	2
1	1	1

1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /		TMENT					HYGIENI REG. NO.	E	20	02000
1. DECEDENT'S NAME (First, Middle, Robert		Lydon						2. DATE OF MONTH	DEATH DAY		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 209-22-6940	5. SEX	8. AGE (In yrs. les 58	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF		1	8. BIRTHE Country Penr	LACE (State or Foreign
	e. FACILITY NAME (If not inetitution, give street and number) Southern Maryland Hospital RESIDENCE OF DECEDENT					9b. CITY, TOWN OR LOCATION OF DEAT Clinton			9c. COUNTY OF DEA Prince G			
Maryland 10b. c	OUNTY				ry, town on location Brandywine							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10e. STREET AND NUMBER 9009 Bank St. 11. MARITAL STATUS				101. ZIP CODE 20613				U.S.A.				
11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS OECEDENT EYER IN U.S. ARMED FORCES? 1 XYES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					or No	Black, Specify					
15. OECEDENT' (Specify only highes Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Le	S EDUCATION t grade completed) College (1-4 or S	(G	live kind of to Do NOT ut	usual occ work done du se retired.)	ring mos	t of working	Caucas 16b. KIND OF BUSINESS/INDUSTRY Malcolm Construction					astan
William Franc	cis Lydon							AME (First, Mide	(First, Middle, Melden Sumame) t L. O'Hara			
190. INFORMANT'S NAME (Type/Print Barbara Lydon 200. METHOO OF DISPOSITION	196. INFORMANT'S NAME (Type/Print) Barbara Lydon 19b. Mailing Adoress (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as 10 A-F											
23. PART I. Enter the disease shock, or heart for iMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or complications the	use on each line	eeth. Do i	66	33 he mod	Old .	Alex	kander	Ferr	Fune: y Rd	ral H Clir	iton, Md 20 Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE	QUENCE O	Fi: /	De	s#Le		2				
PART II. Other eignificant cor	7	o deeth but not	resulting	in the und	lerlying	j cause (given in		4a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 1 S 2 NO	HOSPITAL:	☐ ER/Outpatient :	B [] DOA	OTHER:				heck only one)	Constitution of the consti			
27. MANNER OF DEATH 1 Natural 5 Pendin	27. MANNER OF DEATH 1. Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)				4 Nursing Home 5 Residence AE OF 26c. INJURY AT JURY WORK? M 1 YES 2 NO		26d, DEŞCRIBE HOW INJURY OCCU		CURED	RED		
a D Sulate	3 Suicide 6 Could not be 26e. PLACE OF INJURY — At home, farm, building, ste. (Specify)									OCATION (Street and Number or Rural Route Number, Jlry or Town, State)		
	PHYSICIAN: To the best of											and menner as stated.
29b. SIGNATURE AND TITLE OF CE							ENSE NU					(Month, Day, Year)

TO B D17162 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LINDA 9536 whith UPPER mare lhoro MD CRAIN helis Davidson-Handall JANTY 9 190 OHMH-16 Rev 1/89

3. TIME OF DEATH 9am

REG NO

1

20 1990 AR

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

REGGY

M LOVETT

1 -

BOX 13146, DIVISION OF VITAL RECORDS,

A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIFTHPLACE (State or Foreign Pages 1, 2, 3 should 9a. FACILITY 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital Easton Talbot DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO ac permit. FUNERAL WHAT COUNTRY? 10f. ZIP CODE 2 burial-transit 6 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 140 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 THO Specify: 2 Married 1 Never Married BY 3 Widowed 4 Divorced page 5 should be detached for use as the 16a. DECEDENT'S USUAL OCCUPATION
(Given kind and work done during most of working COMPLETED 15. DECEDENT'S EDUCATION ISB. KIND OF BUSINESS/INDUSTRY lfy only highest (Give kind et work done during life. Do NOT use refined.) ras es nnu 18. MOTHER'S NAME (First, Middle, 76 BE notified 19b. MAILING ADDRESS (Street 9 99 director, must Donation 5 - Other (Specify) 151 examiner 21. SIGNATURE OF FUNERAL SAMPLE LICENSEE 12. MAME AND ADDRESS OF FACILITY funeral death. n by the fi medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in by Approximata shock, or heart fallure. List only one cause on each line. Interval Between filled Onset and Death IMMEDIATE CAUSE (Final completely filled the disease or condition 1 Rr. DUE TO (OR AS A CONSEQUENCE OF) resulting in death) event. Mypertansive + arterios and com lenotic C-V disease traumatic CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): prior to t wronic syndrom if any, leading to immediate cause. Enter UNDERLYING physician OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events signed by the attending Health and Mental Hygier resulting in death) LAST Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24h WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? avian veint Kronbosis. any 1 TYES 2 NO shows a Chronic refoundtoid art Prite 1 YES 2 NO been : PHYSICIAN: this certificate has be with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Hem HOSPITAL:
1 M Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 W NO 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked. 1 V Netural 5 Pending investigation 1 YES 2 NO DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Suicide 8 Could not be COMPLETED 28 4 Homicide tem 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL I Ξ 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D10938 Robert W. Trever, M.D. 1-20-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Box 297 RD3 Easton, Md, 21601 JAN 23 90 32. REGISTRAR'S SIGNATURE Galia Leighon-Randelle DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CE	RTIFIC	ATE C	F DEATH		REG. NO).		
1. DECEDENT'S NAME (First,	Middle, Last)							ATE OF DEATH			3. TIME OF DEATH
IRENE	ETHEL	LEEK							14.1	YEAR QQA	6:10pm M
4. SOCIAL SECURITY NUMB	ER 5	5. SEX 6.	AGE (In yrs. lesi		UNDER 1 YEA		7 D	ATE OF BIRTH	154 , 1	8. BIRTH	PLACE (State or Foreign
578 26 5251		I □ M 2 🔀 F	76	YRS.	NTHS DAY		1	Month, Day, Year) Mar. 4,	_		shington D.C
9a. FACILITY NAME (If not in:				91	b. CITY, TOV	VN OR LOCATION OF DI	EATH		9c. COL	JNTY OF DI	
AMI DOCTORS"	HOSPIT	AL OF P.	G. CO.		LA	NHAM-SEAR	ROC)K		PR	INCE GEORGE
10a. STATE	10b. COUNTY			10c. CITY, T	OWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland	Prince	e George'	S	Bowi	le	M	lar	yland			NO NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	TIZEN OF W	HAT COUNTRY?
12101 Faith	n Lane					20715			Un	ited	States
11. MARITAL STATUS		2. WAS DECEDENT E	VER IN U.S. AR	MED		DECENDENT OF HISPAI			a or No-	14. RACE	— American Indian, , White, atc.
1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	OR DATES	10		, specify Cuban, Mexico YES 2 X NO Specif		irto Rican, atc.)		Specifi	
15, DEC	EDENT'S EDUCAT	TION		CEDENT'S US				16b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify onl) Elementery/Secondary (0	y highest grade coi	mpleted) College (1-4 or 5+)	(Gi	ve kind of work Do NOT use n	t done during etired.)	most of working					
12	-		- Но	memake	er			Own Ho	ome		
17. FATHER'S NAME (First, M.	iddle, Last)		-			18. MOTHER'S NA	AME (F	irst, Middle, Malder			
Edwin Ca	arlton E	Rollins				Mamie	L	vnch			
19a. INFORMANT'S NAME (7)			191	. MAILING AD	DRESS (Str	eet and Number or Rural	-		wn, State, Z	ip Code)	
Betty R. (Ciomei			12101	Fair	th Lane B	Sow:	ie Marvi	land	2071	15
20a. METHOD OF DISPOSITI	ION		20b. PLACE	OF DISPOSITI		f cemetery, cremetory or		7		- City or To	
1 N Burial 2 Cremation 4 Donation 5 C Other		al from State	Arli		Natio	onal Cemet	er	v Ar	lingt	on V	irginia
21. SIGNATURE OF FUNERA	L SERVICE LICEN	SEE	11277	gcom	22, NAM	E AND ADDRESS OF FA	ACILITY	Y			22,521124
Robei	TE	Evan	S	Pren		ll-Evans F 00 Annapol					land 20715
23. PART . Enter the di				ath. Do not							Approximata
Commission of the State of the		at only one cause	on each lina								Interval Batween Onset and Death
IMMEDIATE CAUSE (Findisease or condition	nai -	. 4	To K	0							l constraint beauti
reaulting in death)	8.,	DUE TO (OF	R AS A CONSEC	DUENCE OF:	-	3	_				
		QL	to-	100	- 10	105H	1				İ
Sequentially list conditi		OUE TO (OF	R AS A CONSEC	QUENCE OF):		-/ G O V					+
if any, leading to immed causa. Enter UNDERLY	ING										ļ
CAUSE (Disease or Inju	iry C.	DUE TO (OF	R AS A CONSEC	DUENCE OF):							1
reaulting in death) LAS	T										
	U									7	
PART II. Other aignifica	nt conditions	0 1	N 0-	aauiting in	tha undar		Part		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
uava	uceo	x chron	ic 075	Puch	NY	(mg ohs	20	ZDI TES	2 NO		COMPLETION OF CAUSE OF DEATH?
longe	elve-	hear	it \$	aile	ne	. ()			1		1 YES 2 NO
25. WAS CASE REFERRED TO						6. PLACE OF DEATH (CI	heck o	nly one)			
1 YES 2 NO		HOSPITAL:	R/Outpatient 3		THER:	Homa 5 🗆 Rasidenca	8 🗆	Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF IN.		28b. TIME C	OF 28c	. INJURY AT	7	. DESCRIBE HOW	INJURY O	CCURED	
/=\	Pending Investigation	(Month, Day,	TO BE	INJUR		WORK?					
a Cutata		28e. PLACE OF II	NJURY — At ho	ma, farm, atre	et, fectory,	office	28f.	LOCATION (Street		er or Rurel F	Route Number,
	Could not be determined	building, ato	. (Specify)					City or Town, State			
29a. CERTIFIER	LIEAING BRAGICA	AN: To the heat of	knowledge 4	oth con-	at the 41—	data and store and a	n fo **	a administration of	ra Jojie.	ated	
(Check only						data and place, and du					e) end manner ee stated.
		The state of state	and and of	veerigation,	ну чрин				and to	cansa(e	ry error memmer ee stated.
29L SIGNATURE AND TITLE	OF CERTIFIER	al) h	1			29c. LICENSE NU	IMBER		29d. DA	TE SIGNED	(Month, Day, Year)
KING	me		1.17							1121	VI
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, Pi	rint)						r
24 DATE EILEO Manth Day	Manual	20 DECISTRADIO	COLUMNIA								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JAN 18 '90

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			ENTAL HYGIEN		02000
	1. DECEDENT'S NAME (First, Middle, Last)	1	100			2. DATE OF DEATH		3. TIME OF DEATH
	Hex	MASCho	NAS MC	SCHONAS	5	ten.	1 1992	EAR HIP M
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Midrith, Day, Ybar)		BIRTHPLACE (State or Foreign Country)
	UNK 9s. FACILITY NAME (If not institution, give stree	and number)	YRS.	0.00		October 9	,1900	Greece of DEATH
DIRECTOR	Randolph Hill Nursi	ng Home		Wheato	n,Maryla	nd	Montgo	omery
EC	10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Md. Mont	gomery	Whe	aton				LIMITS? 1 🖾 YES 2 🗌 NO
FUNERAL	10e. STREET AND NUMBER				ZIP CODE			OF WHAT COUNTRY?
NE	4011 Randolph Road)902		U.S.A	
	11. MARITAL STATUS 11. Never Merried 2 Merried	2. WAS DECEDENT EVER IN FDRCES? 1 YES	2 ND	If yes, spe	city Cuban, Mexican,	C ORIGIN? (Specify Ye , Puerto Rican, atc.)	e or No 14.	RACE — American Indian, Black, White, atc.
BY	3 € Widowed 4 □ Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES	2 NO Specify:		,	Specify: White
ED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT'S US	SUAL OCCUPATION MOST	IN et al undina	18b. KIND OF BU		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r	etired.)	at or working			
COMPLETED	12		Baker			Wonder		
	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malder	Surname)	
BE	Unk 19s. INFORMANT'S NAME (Type/Print)		19h MAILING AL	ODDECS /Street o	Unk	oute Number, City or To	un State Zin Co	riel
2	Catherine LaFrance	2				ssas, Va.		20)
	20a, METHOD OF DISPOSITION	20b	PLACE OF DISPOSIT				DCATION — City	or Town, State
	1 Donation 5 Other (Specify)		other place) ishinaton	Nationa	al Cemete	rv Sui	t.land	. Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN				ID ADDRESS OF FAC			s Services
	I Will-	+		5635 1	Fade Stro	et N.E.		
	23. PART i. Enter the diseases, or cor							t, Approximata
	ahock, or heart feilure. Lis iMMEDIATE CAUSE (Finei	it only ona cause by a	nch line.					Interval Between Onset and Death
	diseese or condition reaulting in death)	4st	emin					24/Jan
		1	CONSEQUENCE OF):					Matte
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DIE TO (OA AS A	CONSEQUENCE OF):		1	/ /		premor
SA	cause. Enter UNDERLYING CAUSE (Disease or injury	Atterios	clastre	Gn	dirosa	la xh	stal	fer.
Ė	that initieted events	DUE TO (OR AS A	CONSEDUENCE OF):					
ER	resulting in death) LAST							
ALC	PART II. Other aignificant conditions	contributing to deeth b	ut not resulting in	the underlying	g cause given in F		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
5						1 TYES	PAMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
MEDIC						_		1 TES 2 ND
ž								
PHYSICIAN:		HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
I¥S	1 TYES 2 ND 1	28e, DATE OF INJURY		☐ Nursing Hom	e 5 Residence 8	28d. DESCRIBE HOW		
	Natural 8 Pending	(Month, Day, Year)	INJUR	TY WO	YES 2 NO	280. DESCRIBE NON	INJURY OCCUR	ieb
28s. PLACE OF INJURY — At home, farm, street, factory, office 24f. LOCATION /Street							t end Number or	Rural Route Number,
	4 Homicide determined							
COMPLETED	CONDON ONLY	AN: To the best of my know On the seele of examination						:euse(e) end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	//			29th LICENSE NUM	Preser	29d. DATE	IGNED (Month, Day, Year)
TO B	30. NAME AND ODRESS OF PERSON WHID	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	MC	18581	P //	0170
	13 fin	Mumo	18111	fen	in th	rly a	of Tt.	4 Chyndass
	JAN 16 '90 full	32. REGISTRAR'S SIGN						

DHMH-18 Rev 1/89

O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amnours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	The second discussion is a second discussion of the second discussion is a second discussion of the second discussion is a second discussion of the second discussion of th
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	SIAIE UF MA		ICATE OF		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>			2. DATE OF DEATH		3. TIME OF DEATH	
LOUIS MARRICHI					MONTH DA 01 17	y year 1990	1:29 A M	
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	THPLACE (State or Foreign	
218-03-8315	1 📉 M 2 🗆 F	74 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) /	915 %	hary land	
9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	A LOCATION OF DE	ATH	9c. COUNTY OF	F DEATH	
THE JOHNS H	OPKINS HOS	SPITAL	BALTIN	ORE CITY		BALTIM	ORE	
RESIDENCE OF DECEDENT								
10a. STATE 10b. COUNT	Himore	10c. C1	TOWN OF LOCA	ION (10d. INSIDE CITY LIMPTS?	
10e. STREET AND NUMBER	1/////		100				1 F YES 2 NO	
16 Charles Pl	52.a A.	1. 602	5	ZIP CODE		log. Critzen o	A.	
17 011		VED IN II C ADMED		7/001	IC OBIOINS (Secole, Vo	0, 14 P	ACE American Indian	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, 15. Mover Married 2 Married 15. WAS DECEDENT EVER IN U.S. ABMED 16. WAS DECEDENT EVER IN U.S. ABMED 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— 18. RACE — American Indian, 19. Black, White, etc.								
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 L YES	2 FNO Specify		50	TYL. TR	
15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	work done during m se retired.)	ist of working	13.	1+	Prairies	
8		Jean Jean	MAN		1118/61	ian/	PIRTIALS	
17. FATHER'S NAME (First, Middle, Last)	Marri	. /.			ME (First, Middle, Maiden	Surneme)		
Sabatino	Marri	C11		Mun	21979			
19a. INFORMANT'S NAME (Type/Pript)	-:: 1:	19b. MAILING	4.11		Jute Nymber, City or Town	n, State, Zip Code)	7	
Frank Mar.	7/61/	15/3	M.//2	Kul. W	estainster	Mr. Z	.//5/	
20a. METHOD OF DISPOSITION 1 D Burlai 2 Cremation 3 Ren	noval from State	20b. PLACE OF DISPO	SITION (Name of ce	1	20c. Vo	CATION - City or	Town, State	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	ocuber	1025/1001/		ND ADDRESS OF FA	1/1/23	Jeningjes	7,1119,	
home &	1. Fleter	-1.	Tho	acs D. F	-letcher o	Son W	estaite Al	
23. PART i. Enter the diseases, or			not enter the me	de of dying, suc	h aa cardiac or raapi	ratory arrest,	Approximate	
shock, or heart failure.	List only one cause	on each line.					interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition	(prober	ou (mone	ry Ar	rest			1/2 Hour	
resulting in death)			-				170	
	fore pl	· caters	st Su	eu My	o Cardia	Infa	CAZ. MDAYS	
Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE O		1				
cause. Enter UNDERLYING CAUSE (Disease or injury	c							
that initiated events	DUE TO (O	R AS A CONSEQUENCE O	OF):					
resulting in death) LAST	d							
PART ii. Other aignificant condition	na contributing to de	eath but not resulting	in the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS	
Status Post Ca	roxary Ar	tern BAB			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
D	lare	200 - 17			1 □ YE\$ 2	NO	OF DEATH?	
4	Twu				—	1	1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			20.0	LACE OF DEATH (Ch	eck only one)		-	
EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:					
27. MANNER OF DEATH	28a. DATE OF IN	JURY 28b. Til	WE OF 28c. IN	JURY AT	5 ☐ Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	,	
1 Netural 5 Pending	(Month, Day,		JURY W	YES 2 NO				
Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At home, ferm,			281. LOCATION (Street	and Number or Ru	rel Route Number,	
4 Homicide 8 Could not be determined	building, etc	c. (specify)	1/4		City or Town, State)			
290. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of m	y knowledge, death occur	red at the time. det	and place, and due	to the cause(s) and man	ner as stated.		
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. One) DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIE			- CANDE	29c. LICENSE NUI			NED (Month, Day, Year)	
arm				The Election Hot	ne all	D 1//3	1/40	
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)			111	1	
1 50-	M.D.	TA	5 Am	lins.	Hospital	1		
31. DATE FILED (Month, Day, Year)		Jour	- 11-11	0	11/100			
	32. REGISTRAR	S SIGNATURE	/		[]			
	8 32. REGISTRARS	S SIGNATURE Julia David	on-Randel	2	V			

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

YGIENE	0	04	
EG. NO.	- 4		
IEG. NO.			

	1. DECEDENT'S NAME (Fir	st, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	RHODA :	I. MORE	RISON							JANUARY	14,	1990	10:15 A
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	PLACE (State or Fore
	214-18-9	734 A	1 M 2 X F		79 YRS.	MOTEINS	DATS	HOURS	IMPIPA.	4-06-10			vland
	9e. FACILITY NAME (If not	Institution, give s	treet and number)			9b. CITY,	TOWN C	OR LOCATIO	N OF DE	ATH	9c. CO	UNTY OF D	EATH
CTOR	THE JOHNS		HOSPITA	AL		BALT	IMO	RE C	ITY		BAL	TIMOE	RE
2	RESIDENCE OF DE	10b. COUNTY	r		10c. CI	TY, TOWN O	R LOCAT	TION	_				10d. INSIDE CITY
DIREC	MD	Car	roll		W	estm	ins	ter					LIMITS?
	10e. STREET AND NUMBE					0.0 0		. ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
ERAL	25 Union	Stree	t					211	.57			U.S.	Α.
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Di	THE PARTY OF THE P	12. WAS DECEDED FORCES?	NT EVER IN U.S 1 YES 2 WAR OR DATES	™NO	- 0	f yes, sp		, Mexican	C ORIGIN? (Specify Vo., Puerto Ricen, etc.)		14. RACE Black Species	American Indian White, etc.
E		ECEDENT'S EDU		16a	Give kind of					16b, KIND OF B	USINESS/II	NDUSTRY	
E	Elementary/Secondery		College (1-4 or 5	+)	life. Do NOT u	use retired.)							
COMPL					Co	ok				Food			'Y
8	17. FATHER'S NAME (First,									AE (First, Middle, Maide			
BE	Simon Pe		ammond					Control of the Control		Jane De			
2	19e. INFORMANT'S NAME									oute Number, City or To			04455
	Ralph Mo		מו	205 54	ACE OF DISPO					estmins		Offy or To	21157
	1 Duriel 2 - Creme	tion 3 🗆 Rem	oval from State	oth	er place)								
	4 Donation 6 Other (Specify) Fairview Cemetery Taylorsville, 1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Pritts Funeral Home & Chapel												
	Pala					P	rit	ts F	une	ral Home	e &	Ch ap	el
	23. PART I. Enter the		Pritts						-	ton Rd.			Approxima
ERTIFICATION	Sequentially list condition resulting in death) Sequentially list conditions, leading to immicause. Enter UNDERS CAUSE (Disease or in that initiated events resulting in death) LA	nediete LYING njury	· Se over	O (OR AS A CO)	NSEQUENCE (OF):	S	ham	isten				lays Wks
AN: MEDICAL CER	PART II. Other algoriti	cant condition	na contributing to	o deeth but r	not resulting	in the ur	iderlyin	g ceuse g	iven in		DRMED?	24b	AMAILABLE PRIOR T COMPLETION OF CO OF DEATH?
MED		/		/				4		- 1			1 TYES 2 N
AN	25. WAS CASE REFERRED	TO MEDICAL					26 P	ACE OF D	EATH //Chr	ack only one)			
SC	EXAMINER?	TO MEDICIE	HOSFITAL:	□ EB/Outpatio	- 2 - DO	OTHE	R:						
PHYSICIAN:	27. MANNER OF DEATH		1 Inpatient 2		26b. TI	_		ne 5 ∐ Re	sidence	6 Other (Specify) 26d. DESCRIBE HOW	/ INJURY C	CCURED	
	/	Pending investigation		Day, Year)	11	JURY M	W	ORK? YES 2 [NO				
TED BY	2 Accident 3 Suicide 6 4 Homicide	Af home, farm	, street, fac					LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLE	CONSTRUCTION -									to the cause(e) end m			a) and many
B	29b. SIGHATURE AND TIT			Phis:	sident			29c. LICE	NSE NUR	IBER	29d. D	-	(Morth, Day Year)
9	Paul	Cin	Johns	HOP CE		on, Print)	tel	B	Mi	na M)	1	
	31. DATE FILEDAMPHIN D	8 *90	32. REGISTE	Devidson	- Rando	00							

to the second se

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perman	nsit perm
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	3 10.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			IENTAL HYGIEN	E	0.000
1. DECEDENT'S NAME (First, Middle, Last)	May E.	Miner		1	2. DATE OF DEATH		3. TIME OF DEATH
MAY E	. M	INER		1	JAN,	V YEAR 20 1990	
	SEX 6. AGE (in yrs. last birthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	Cou	THPLACE (State or Foreign ntry)
212-74-9654 1 9a. FACILITY NAME (If not institution, give street	□ M 2 12 F 84	YRS.	THS DAYS	R LOCATION OF DEA		905 M	aryland
WASHINGTON COUNT		11140		2 STOWN	Ms.	WASH IN	
RESIDENCE OF DECEDENT	7 110311171		111021		/ HD,	יוו ווכריש	6-1074
10a. STATE 10b. COUNTY			WN OR LOCAT				10d, INSIDE CITY LIMITS?
	hington	Ha	gersto	WIL			1 YES 2 NO
R.D. 5 Box 90				ZIP CODE 21740			WHAT COUNTRY?
11, MARITAL STATUS 12	2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian,
1 Never Married 2 Married	FORCES? 1 TYES			2 NO Specify:			white, stc.
3 X Widowed 4 Divorced							wnite
15. DECEDENT'S EDUCAT (Specify only highest grade cor	(TION mpleted)	(Give kind of work flie. Do NOT use ret	done during mos	IN st of working	18b. KIND OF BUS	SINESS/INDUSTRY	
	College (1-4 or 5+)		sewife				
Unknown 17. FATHER'S NAME (First, Middle, Last)		nou	SEM TT E	10 MOTHER'S NAM	IE (First, Middle, Maiden	Cumamal	
John C. Trumpow	7039				M. Bacht		
19a. INFORMANT'S NAME (Type/Print)	WCI.	19h MAN ING ADI	ABESS /Street a		oute Number, City or Tow		
Miss Lauretta Trun	moower	R.D. 5			stown, MD		
		PLACE OF DISPOSITIO				CATION — City or	Town, Stata
20 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	al from State	reen Hill				esboro,	
21. SIGNATURE OF FUNERAL SERVICE LICEN	151		22. NAME AN	D ADDRESS OF FAC	Home, In	_	
Madel	-63.00				St., Wayne		DA 17069
23. PART I Enter the diseases, or con	mplications that caused	the death. Do not a	entar the mo	de of dying, such	as cardiac or raspi	ratory arrest.	Approximate
shock, or heart fallure. Lis	st only one cause on e	ach line.					Interval Between Onset and Death
	INTRAV	ENTRICIL	AR	HEMOR	RHAGE		
resulting in death) a		CONSEQUENCE OF):	7172	1/2/			
A							
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
CAUSE (Disease or injury							
that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF):					
d							_
PART II. Other significent conditions	contributing to death b	ut not resulting in th	ne underlying	g ceuse given in i			4b. WERE AUTOPSY FINDINGS
				_	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 YES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LOCATA :			ACE OF DEATH (Che	ck only one)		
	HOSPITAL:	etient 3 DOA 4	THER: Nursing Hom	e 5 🗆 Rasidenca	B C Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO	URY AT	26d. DESCRIBE HOW	NJURY OCCURED	
1 Netural 5 Pending 2 Accident Investigation				rES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, offic		281. LOCATION (Street City or Town, State)		al Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination						e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM	BER	29d, DATE SIGN	ED (Month, Day, Year)
Zdward By	rd M.D.						Tan, 1990
30. NAME AND ADDRESS OF PERSON WHO				- A - ma . 11	(1/. 1)		
EDWARD BYRD	MD. /198/	KENLY AVE	HAG	ERSTOWN	Y YUD.		
31. DATE(SNIED (Mounts Character)	33/ ARGUSTRAM'S SIGN				/		

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BEST IN BUILD

he Care

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2:30 A. M.

DHMH-16 Rev 1/89

4. SOCIAL SECURITY NUMBER 218-03-7413

MALCOLM

9a. FACILITY NAME (If not institution, give street and number)

YRS.

IF UNDER 1 YEAR __ IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

MADRRAN

70

5. SEX

1 M 2 - F

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Carlisle,

YEAR

90

9c. COUNTY OF DEATH

2. DATE OF OEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)
Oct. 13,1919

	5	Washington County Hospital					Hagerstown					Washington	
1	ונ	10e. STATE 10b. COUNTY				10c. CITY, To	10c. CITY, TOWN OR LOCATION 10d.						NSIDE CITY
	5	Maryland	Washi	ngton		Boonsbero						100	IMITS? YES 2 NO
	- 15	10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZE	N OF WHAT C	OUNTRY?
/		133 Lakin	Ave.					21713			υ.	. S. A	
)	ā	11. MARITAL STATUS 1 Never Married 2 3 Olvo	0.00000	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO OR DATES		If yee	DECENDENT OF HISPAI , specity Cuban, Maxica YES 2 NO Specifi	n, Puerlo Ric		or No 14	Specify Wh	
19	9		EDENT'S EDUCA	ATION	16e. DE	CEDENT'S USI	done during	ATION most of working	16b. i	CIND OF BUS	INESS/INDUS	STRY	
once.	MPCC	Elementary/Secondary (I	0-12)	College (1-4 or 5+)		Do NOT use re Lectri			A	ircra	ft Mfs		
76	a II	17. FATHER'S NAME (First, No. 17. FATHER'S NAME (First, No. 17. FATHER'S NAME (FIRST, NO. 17. FA		ddran				Joseph		ddie, Maiden St em	Surname)		
-	2	19a. INFORMANT'S NAME (hiser				ve., Boon	Route Numbe	r, City or Town		ode) 2171	3
must be		20a METHOD OF DISPOSIT 1 Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Remo	val from State	other pli	of Disposition of Dis		cemetery, crematory or				y or Town, St	. 21713
examiner		21. SIGNATURE OF FUNERA John H	L SERVICE LICE	I alkal	1) But	(V)	22. NAM	E AND AODRESS OF FA		760	06 Boo	nsbor	Pike 21713
of Health and Mental Hygiene prior to burial, cremation, or removal. thows any Injury, or other traumatic event, the medical e	FRIIFICATION	23. PART I. Enter the description of the shock, or him mediate CAUSE (Fit disease or condition resulting in deeth) Sequentially list condit if any, leading to immercuse. Enter UNDERLY CAUSE (Disease or injut that initiated events resulting in deeth) LAS	tions, odlete ing	OUE TO (OR		DUENCE OF):	1 1	Carcino			,		Approximete Interval Betweer Onset end Deati
. 60	MEDICAL	PART II. Other eignification	ent conditions	pariting in t	the underl	ying cause given in	20 /	24a. WAS AN PERFOF 1 TYES 2	MED?	AVAIL. COMP DF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE EATH? YES 2 NO		
of the State Dept.	3	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:				S. PLACE OF DEATH (C/	neck only one)			
he Sta	2	1 TES 2 NO		1 I Inpatient 2 I ER	l/Outpatient 3		THER:	Home 5 🗆 Residence	6 🗆 Other	(Specify)			
2 2		27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE OF INJ (Month, Day,)		28b. TIME O	Υ	INJURY AT WORK? YES 2 NO	28d. DE\$0	RIBE HOW I	NJURY OCCU	RED	
s after de	3	3 Suicide 8 4 Homicide	Could not be determined	28a. PLACE OF IN building, atc.				TION (Street and Number or Rural Route Number, Yown, State)			'umber,		
be filed within 72 hours after deat IMPORTANT: If item 28 is many	OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end pleae, end due to the ceuse(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e)									manner aa stated.		
MPORTA		29b. SIGNATURE AND TITE	Must a	n MD				29c LICENSE NU	MBER (5)	9	29d. DATE :	1/18/9	Des Hears
-	2	30. NAME AND ADDRESS C	F PERSON WHO	completed cause of	OF DEATH (ITE	M 27) (Type, Pr	(m) Lan	e Ke	26450	://e,	Ma	1	1756
		JAN 19 9		32. REGISTRAR'S Lukia David		dopp			7				

Fig. 1 Companies and 1 March 1981 (1981).

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
GUINA DAVIDA RANDOLL

	1 - FOR STATE REGISTRAR		STATE OF MARY			TMENT OF		ID MEN	NTAL HYGI		20	02330
	1. DECEDENT'S NAME (First HOWAR	dF	Rancis 1	noi	Rde	RS		•	DATE OF DEAT	4 - 9	YEAR	O 70 0 M
13	4. SOCIAL SECURITY NUMBER 579-03-7438		5. SEX 6. AG	E (In yrs. les 2	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS M	RS. 7. E	Month, Day, Yes	1907	Country) Mary	land
ron		Rove	Adventi	st Al	sp.	96. CITY, TOWN	OR LOCATION O				nty of DE	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	omery		10c. CITY	Bethes						IOd. INSIDE CITY LIMITS? I YES XX NO
FUNERAL	10e. STREET AND NUMBER 5301 Bradl		levard			1	1. ZIP CODE	14			J.S.A	NAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Dive		12. WAS DECEDENT EVE FORCES? 1 VE IF YES, GIVE WAR OF	S 2XX		If yes, s	CENDENT OF NI Decity Cuben, M 3 2 XIXIO S	exicen, Pu			Black, Specify	American Indian, White, atc. hite
COMPLETED	15. DEC (Specify onl Elementary/Secondary (f	CEDENT'S EDU ly highest grade 0-12)	CaTION completed) College (1-4 or 5+)	(G life.	ive kind of w Do NOT us	usual occupat york done during n e retired.) terer	ON ost of working			mobile	USTRY	
BE CO		Not av	ailable							vailabl		
TO 1	Loretta F.		'S			ADDRESS (Street Bradley						nd 20814
	20e. METNOD OF DISPOSIT XXBuriel 2 Cremetic 4 Donetion 5 Other	on 3 🗆 Rem	oval from State	other pl	ace)	eaven C	Sallie and the			ilver S		
	21. SIGNATURE OF FUNERA		CENSEE . Sano	QMO	0522	Robe Rock Aven	nd Address of A. P. 7111e, Roc	umph Inc KV11	rey Fu 1e, Ma	neral I West Mo ryland	Home ontgo 208	mery 50-2805
	23. PART I. Ents The dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fellure.	List only one ceuse or	eech iine).		ode of dying,	euch as	cardisc or r	espiratory arr		Approximats Interval Between Onset and Death Z Mos-
Z	Consensation that the same district		b	S A CONSE	DUENCE OF	ገ ፡		m	ctast	ases		
ICATIO	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diate	DUE TO (OR A									
CERTIFICATION	that initisted eventa resulting in death) LAS	т	DUE TO (OR A	S A CONSE	OUENCE OF	·):						
MEDICAL	PART II. Other algorifica		ns contributing to desti	n but not i	reaulting i	n the underlyl	ng cause give	n in Part	PE	S AN AUTOPSY RFORMED? S 252 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:			OTHER:	LACE OF DEAT					
PHYS	27. MANNER OF DEATN	200000	1 Nopetient 2 ER/O 26s. DATE OF INJUF (Month, Day, Yes	īΥ	26b. TIM		ne 5 ∐ Reside JURY AT DRK?	-		OW INJURY OC	CURED	
ED BY	2 Acoldent	Pending Investigation Could not be determined	28e. PLACE OF INJU- building, etc. (S	IRY — At he	ome, farm, s		YES 2 NO	-	LOCATION (St	reet and Number Nate)	or Rural Ro	oute Number,
COMPLETE	29a. CERTIFIER (Check only	TIFYINO PNYS	ICIAN: To the best of my kr									
CON	20b. SIGNATURE AND TITLE		ER: On the basis of examina	ition and/or	Investigatio	n, in my opinion,						
TO BE	Dijlm	$\sim \lambda$	Thu,	64		0.1.1	29c. LICENSI	119	13	> /	- 14	Month, Dwy, Year) 1— 9 U
	Sighty 2	J. C.	her M.D	, 12	1 C	only essi	ine	Lane	, Rec	hille	, 41	20852

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>	OC.	REC	5	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0	0	P	
	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within - nours after de	EFM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f	in the process after dearth with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	E	1	复	

		STATE REGISTRAR STATE REGISTRAR STATE REGISTRAR STATE REGISTRAR STATE REGISTRAR REGISTRAR STATE REGISTRAR REGISTRAR									
		1. DECEDENT'S NAME (First, Middle Past) LISA UNY MECLOSKY 2. DATE OF DEATH MONTH									
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. least birthdey) 1									
3 should)R	90, MCILITY NAME (IL not institution, give street and number) 40 V CROSS HASA TO SILVER SPRING NOT TROMPERU									
2	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?									
		Maryland Prince George's Adelphi 1 √ YES 2 □ NO 100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2513 Hughes Road 20783 U.S.A.									
physician. burial-transit	FUNERAL	14 MARITAL STATUS 12 WAS DECEMENT EVER IN U.S. ARMED 12 WAS DECEMBENT DE HISRANIC ORIGIN? (Specify Ves or Nov. 14 RACE American Indian									
or attending physician.	ED BY	To Naver Married 2 Married IF YES, GIVE WAR OR DATES TO Specify: White, atc. 1 Naver Married 2 Married IF YES, GIVE WAR OR DATES TO Specify: White, atc. 1 YES 2 NO Specify: White, atc. Specify: W									
oital or ath		(Specify only highest grade completed) College (1-4 or 5+)									
by the hospital be detached for at once.	1 ~ 1	17. FATHER'S NAME (First, Middle, Lost) Francis Q. Emery 18. MOTHER'S NAME (First, Middle, Melden Surname) Billie Kirchner									
retained 5 should		19a. INFORMANT'S NAME (Type/Print) Charles J. McClosky 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2513 Hughes Rd., Adelphi, Md. 20783									
age 6 may be director, page		20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from Stata 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Control of DISPOSITION (Name of cometery, crematory or other place) Control of DISPOSITION (Name of cometery, crematory or other place) George Washington Cemetery Adelphi, Maryland									
death. Pag tuneral dir xaminer		22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home 4739 Balto. Ave., Hyattsville, Md.									
urs after in by th remova		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, present failure. List only one cause on each line. Approximate Interval Batween Openhance									
ted withinno completely filled ial, cremation, or		disease or condition resulting in death) a. Other conditions a. Other conditions									
be executed vician and comi		Sequentially list conditions, D. Adult Pennsylvy District OUE TO 100 AS A CONSCIUENCE OF									
physician ene prior 1	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
be death cert the attending Mental Hygi	O	resulting in death) LAST									
that the the the the the the the the the th	1 8	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 DNO 24b. WERE AUTOPSY FINDINGS ANALIZABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?									
W rec	N: MED	1 YES 2 VAIO									
SICIAN: The lav certificate has the State Dep	SICI/	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputtant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Rasidenca 6 Other (Specify)									
DING PHYSICIA After this certification with the	ВУ РН	27. MANNEB-OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO									
TTENDI TOR: A after de	TED	3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
PR PR	P	29s. CERTIFIER (Check only and manner as stated. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and menner as stated.									
물 물물	BE	200. BIONATURE AND TITLE OF CERTIFIER 120. LICENSE NUMBER 200. LICENSE NUMBER 200. D31265 1/13/50									
8	10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ORATH (ITEM 2D (Supp. Print)									
		31. DATE FILED (MAINT) Day, New) 32. REGISTRIAN'S SIGNATORE 1.A.M. = 6, 1000									

BALTIMORE,	mours after death. Page 6 may b	ed in by the funeral director, pag. or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, frours after death, Page 6 may be	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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TTEN	TOR:	after	28 19
OR A	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	Sunor	PPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	RAL	121	E M I
HOSE	FUNE	within	TAN
) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four safer death. Page 6 may be retained by the hospital or attending physician.	표	is filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	POR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE OF MARYLA 1 - STATE REGISTRAR	ND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES	McGINNES		2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH 12:05 P M				
	216 18 2445 1□ M 2 XDF 68	yrs. last birthday) IF UNDEF YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Mogrity, Day, Year) 10/22/1921	l Mar	THPLACE (State or Foreign Tyland				
STOR	9a. FACILITY NAME (If not institution, give street and number) Kent & Queen Anne Hospital RESIDENCE OF DECEDENT		stertown]	Maryland	% COUNTY OF Kent	DEATH				
	Maryland Kent	Chester	town			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO				
FUNERAL	100. STREET AND NUMBER 115 High St. 11. MARHTAL STATUSMarried 12. WAS DECEDENT EVER IN	LIE ADMED	107. ZIP CODE 21620 WAS DECENDENT OF HISPA		USA					
B⊀	1 Never Married 2\(\frac{1}{2}\) Merried FORCES? 1 VES S Widowed 4 Divorced IF YES, GIVE WAR OR DAT	2 X NO	It yes, specify Cuban, Mexico 1 YES 2 NO Specify NO Specific No	en, Puerto Rican, etc.)	Sie	CE — American Indian, lock, White, etc. White				
COMPLETED	(Specify only highest grade completed)	16a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) Housewife	during most of working	Home	INESS/INDUSTRY					
BE CON	17. FATHER'S NAME (First, Middle, Last) W. Wallace Brown		Grace	AME (First, Middle, Malden : A. Goss						
2	19a. INFORMANT'S NAME (Type/Print) H. Sidney McGinnes	115 High	St. Chestert	town, Md. 2	1620					
	W V Burial 2 Cremation 3 Removal from State	ester Cemete	erry (Jan. 1	9, 1990) (own, Md.				
	J. Willis W.	ells.	J. Willis We	P.C 11s Chest		Md. 21620				
	23. PART I. Enter the diseases, or complications that caused shock, or heert fellure. Liet only one cause on each immediate CAUSE (Final disease or condition resulting in deeth) DUE TO (OR \$5.4.0)	ch ilne.	al unif	, .	retory errest,	Approximate Intervel Between Onset and Deeth				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DIABETTES MECLITIUS TOUR TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but DIABETIC	t not resulting in the u	nderlying ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 inpatient 2 XER/Outpet	tient 3 DOA A Nu	28. PLACE OF DEATH (C							
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IF	NJURY OCCURED					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY - building, etc. (Specification of the determined)	— At home, farm, atreet, fac	tory, offica	281. LOCATION (Street a City or Town, State)	and Number or Rure	il Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examination					e(s) and menner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIÉR 30. NAME AND ADDRESS OF PERSON WHO COMPLETÉD CAUSE OF DEAT	I NOH 1	MD 29c. HCENSE NU	000 /		ED (Month, Day, Year) 17, 1990				
6	Harry Paul Ross, M.D.	Cheste	rtown, Mary	land 21620						
10	MANATE 200 July 200	Mon Mandelle				DHMH-18 Rev 1/89				

Julia Davidson-Randell

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ALTIMORE, MARYLAND 21203-3146	death. Page 6 may be retained by the hospital or attending physician. It is functed director, page 5 should be detached for use as the burial-transit permit. The full.	
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MAR	retained 5 shoul	notifie
	age age	99
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N N	dire	er n
ALTI	death. F funeral	examiner must be notified at once.

STATE OF I	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	Ol	DEAT	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last) FLWOOD	HARRY	2. DATE OF DEATH Jan 25,	TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 236 14 7467	HARRY MICHAEL 5. SEX 6. AGE (In yrs. lest birthday) 1 AND M 2 F 76 VRS. MONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Month, Oppyther) 1913 8. BIRTHPLACE (State or F				
FOR	Sacred Hear RESIDENCE OF DECEDENT				rland	АТН	9c. COUNTY Alle	OF OEAT	Н	
DIRECTOR	10a. STATE 10b. COUNTY W. Va. Mine		10c. CITY,	TOWN OR LOCAT					1. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	P.O. Box 682			101	26719		10g. CITIZEN	S A		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merriad 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 12 YES IF YES CIVE WAR OR D	2 NO	If yes, sp-		IIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	es or No 14.	Black, W	American Indian, hite, etc. White	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S U (Give kind of w life. Do NOT use Steel V					TRY		
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) UNKNO	WN	50002		16. MOTHER'S NA	ME (First, Middle, Maide UNKNOWN				
TO B	19a. INFORMANT'S NAME (Typo/Print) Shirley J. Swa)	rtzmiller	19b. MAILING 170 I	Potomac	ond Number or Rural I	Route Number, City or To eyser, W	wn, State, Zip Co.	2672	26	
	20a. METHOD QE DISPOSITION									
	· Allen In	. Lotrus	4	Roti	ruck Fu	neral Ho Va. 2672	6			
	23. PART 1. Enter the diseases, or a shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on a	ech Ilna.	ot entar tha mo	da of dying, suc	h as cardiac of ras	piratory arrest	,	Approximate Interval Between Onset and Death 2 days	
NC	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с	A CONSEQUENCE OF							
	PART II. Other aignificant condition	d	out not resulting is	the underlyin	g cause given in	Part I. 24s, WAS A	N AUTOPSY	24b. WF	FRE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL		F LUNG, Meta					ORMED?	AM CC DF	ALABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
Z.										
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: Y VER/Out		OTHER:	LACE OF DEATH (Ch	eck only one)				
17S	1 A YES 2 NO	1 Inputient 2'LYER/Out 28s. DATE OF INJURY	patient 3 DOA 26b. TIME		IURY AT	6 Other (Specify) 28d. DESCRIBE HOW	IN HIP OCCUR	ED		
ВУ Р	1XX Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆	ORK? YES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	cify)	reet, metory, offic		28f. LOCATION (Stree City or Town, Stat	e and Number or	HURRI HOUT	e Numper,	
COMPLET	Torroom orny	ICIAN: To the best of my know ER: On the beste of examination						ause(e) ar	nd menner ee stated.	
TO BE C	SIGNATURE AND TITLE OF CHITTEE	extra Depi	ıty Med,		29c. LICENSE NUI DO 70		29d. DATE 9	190 (M	onth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH Gioyanni Mastrange	elo, M.D., ,	900 Seton	Drive,	Cumberl	and, Md.	21502			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JAN 2.9 1990 Alia Davida Park									

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DHMH-16 Rev 1/89

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CORPTIONS OF THE CONTRACTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physical physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PI	THE FUNERAL DIRECTOR: After the filed within 72 hours after death v	PORTANT: If Item 28 is mark
TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: If I

	2-7-90 cm						C	0 02562
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN	E	0 02302
	1. DECEDENT'S NAME (First, Middle, Last) ÅT.FRF.	FRANCIS	PETER	MÜRPHY	ID	2. DATE OF DEATH DA	Y YE	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER	DEM	In yrs. lest birthday		IF UNDER 24 HRS.	1-11-90		2:44PM M BIRTHPLACE (State or Foreign
	214-82-6837	404005	www	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	9	New Hampshir
	9e. FACILITY NAME (If not institution, give s		31	9b, CITY, TOWN	OR LOCATION OF DE	08-18-19	9 5 8 1 1 9c. COUNTY	
DIRECTOR	PRINCE GEORGES I	HOSPITAL		CHEV	ERLY		Prince	e Georges Co.
E C	10a. STATE 10b. COUNT	Υ	- 10c, C	ITY, TOWN OR LOCA	TION			10d. INSIDE CITY
뜸	Maryland Pri	nce George	's C	heverly				LIMITS? 1X YES 2 NO
AL A	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
<u> </u>	2319 Belleview	Avenue			20785		υ.	S.A.
FUNERAL	11. MARITAL STATUS Never Merried 2 Merried	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, a	DENDENT OF HISPAN Decify Cuban, Mexical 3 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Ricen, atc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify:
BY	3 Widowed 4 Divorced							aucasian
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16e. DECEDENT	'S USUAL OCCUPAT of work done during m use retired.)	ON ost of working	18b. KIND OF BUS	SINESS/INDUST	FRY
빌	Elementary/Secondery (0-12)	College (1-4 or 5+)	Stude			School	ı	
O.	17. FATHER'S NAME (First, Middle, Last)		beade		18. MOTHER'S NA	ME (First, Middle, Maiden		
👸	Alfred F.P. Mu:	rphy, Sr.				ly Jaibur		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street		Route Number, City or Town		de)
입	Beverly Murphy		231	9 Belle	view Av	enue, Che	everly	, Md. 20785
	20a_METHOD OF DISPOSITION	toval from State	other place)	OSITION (Name of co		100000		or Town, State
	4 Donetion 5 Other (Specify)		Resurr	ection	Park Cer	netery S.	_Burl	ington. Vt.
	21, SIGNATURE OF FUNERAL BETWICE LA	D. Carrette		Fra	ncis Gas	sch's Sor	as Fur	neral Home
	1 Sw	Justin		Нуа	ttsville	e, Md. 20	781	
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that csusar Liat only one causa on a		not enter the m	oda of dying, suc	h as cardiac or respi	ratory arrest	, Approximata interval Between
	iMMEDIATE CAUSE (Final diagage or condition	ETHYLENE GL	VCOI. (A	NTTFREEZI	T XOTINI (S	CATION		Onset and Daath
		a. OUE TO (OR AS /	`		7/ 11/10/14			
_				917.				į
CERTIFICATION	Sequantially list conditiona, if sny, lasding to immadiata	DUE TO (OR AS	CONSEQUENCE	OF):				
S	cause. Entar UNDERLYING CAUSE (Disease or injury	C		200				
	that initiated events resulting in death) LAST	OUE TO (OR AS /	CONSECUENCE	OF):				
岁		d						
AL	PART ii. Other aignificant condition	na contributing to death b	out not resultin	g in the undsriyi	ng causa given in	Part i. 24a. WAS AN PERFOF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL						1 _X YES 2	. □ NO	COMPLETION OF CAUSE OF DEATH?
Σ				<u> </u>				X1XCXYES 2 □ NO
SICIAN:	AS HIMO CACE DEFENDED TO MEDICAL							
100	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch			
¥	XXXYES 2 □ NO 27. MANNER OF CEATH	28e. DATE OF INJURY	28b. 1	IME OF 28c, IA	TIME 5 Residence		NJURY OCCUR	EO.
Month, Day, Year) INJURY WORK?								
	Investigation							
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, ferr	n, street, factory, off	ce	28f. LOCATION (Street a City or Town, Stete)		Rural Route Number,
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	cify)			City or Town, Stete)		Rural Route Number,
ED BY	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	building, etc. (Spe	city)	urred at the time, da	e end piece, end due	City or Town, Stete) to the ceuse(s) end me	nner es stated.	
D BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) ACCIDENT INVESTIGATION INVESTIGATION ACCIDENT INVESTIGATION INVESTION INVESTIGATION INVESTIGATION INVESTIGATION INVESTIGATION INVEST	building, etc. (Spe BICIAN: To the best of my know ER: On the bests of examination	city)	urred at the time, da	e end piece, end due death occured at the	City or Town, State) to the ceuse(s) and mentime, data and place, an	nner es stated.	euse(s) end menner es stated.
ED BY	2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	building, etc. (Spe BICIAN: To the best of my know ER: On the bests of examination	city)	urred at the time, da	e end piece, end due	City or Town, State) to the ceuse(s) and mentime, data and place, an	nner es stated. nd due to the co	



M'RG'RITA A.

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KOREL, MD

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

111 Penn Streat, Raltimore MD 21201

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGISTRAR	
	HEGIOTIMI	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH	REG	NO.		
1. OECEOENT'S NAME (First, Middle, Last)			4 .	71	2. OATE OF DEA	тн	3. TIME OF DEATH,	
MARION FRA	NKLIN		Mor	-115	Day yor	- V 16	1990 2306 M	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	H /	8. BIRTHPLACE (State or Foreign	
220-10-9692	1 XM 2 F	77 YAS.	MONTHS DAYS	HOURS MIN.	7- 15-	1912	MARYLAND	
PENINSULA GENERAL				BURY, MA			VICOMICO	
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		40. 0174	TOWN OR LOCA	PION				
	COMICO		RUITLANI				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER				I. ZIP CDDE		10g. C	ITIZEN DF WHAT COUNTRY?	
S. DIVISION STR				21826			USA	
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 ZYES IF YES GIVE WAS OR ARMY WWI.	3 2 ND	If yes, sc	CENDENT OF HISPA Hecity Cuben, Mexica B 2 ND Specific	in, Puerto Rican, et		14. RACE — American Indien, Black, White, atc. Specify: WHITE	
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S U	ork done durina me	DN ost of working	16b. KIND O	F BUSINESS/I	NDUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use						
GRADE SCHOOL	UNK	MECHAN	IIC			AUTO		
17. FATHER'S NAME (First, Middle, Last) MARION F	MOT	DIC OD		LAURA	ME (First, Middle, M	leiden Sumeme UNK)	
19e. INFORMANT'S NAME (Type/Print)	MOL	RRTS SR	AOORESS (Street	and Number or Rural	Route Number City		Zin Code)	
ROSETTA B. MORRIS	3			STREET,				
20a. METHOD OF DISPOSITION 1-2(0-90	0b. PLACE DF DISPOS other place)					City or Town, State	
4 Donation 8 Dother (Specify)	\ \	VICOMICO M	EMORIAL	PARK		SALISE	BURY, MD	
21. SIGNATURE OF FUNERAL SERVICE LIC			HOLT.Ô	NO ADDRESS OF FA	RAT. HOME	PΛ	Name.	
Guon. No	lloway	_		NOW HILL			, MD 21801	
23. MART I. Enter the diseases, or complications that saused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, above, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
that initiated events resulting in death) LAST		A CONSEQUENCE OF)·					
PART II. Other algorificant condition	s contributing to death	but not resulting is	n the underlyin	g cause given in	PI	AS AN AUTOPS ERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HO9PITAL:			LACE OF DEATH (C	neck only one)			
1 TES 2 ND	1 IV Inpetient 2 - ER/Ou	rtpettlent 3 🗆 OOA	OTHER: 4 Nursing Hor	ne 5 🗆 Reeldence	8 - Other (Specif	y)		
27. MANNER DF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY (DCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							ber or Rural Route Number,	
29e. CERTIFIER	NAME TO the best of the best							
(Original Original rigina Origina Origina Origina Origina Origina Origina O	R: On the basic of examinat						the cause(e) end manner as stated.	
296. SIGNATURE AND TITLE OF CHINETIES	1		- 1	29c. LICENSE NU	MBER	29d. D	ATE SIGNED (Month, Day, Year)	
JM/V	V	ORGAS	sh	D150	84	1	6 far H	
ANDREW P	R GAS	DEATH (ITEM 27) (Type,	Print)	RSIDE	- DR. S	Nic	BULLY MA	
JAN 1 8 90	32. REGISTRAR'S SIG	SNATURE	32-		7 11 3	4 V	Juney, III S.	

ND 21203-3146

BALTIMORE, WARVE

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certif	fing you	#
ath	Iffend Ital H	0 ,
he de	Men	The last
that t	d by	ny
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TEND	Ther of	80
RAT	RECT URS A	E 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- hours after death. Page 6 may	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, parties filed within 72 hours after death with the State Deot; of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
SPIT	NER.	Ë
E HO	E FU	HTA
H O	TH O	문
=	F 2	==

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	OHILE OF THE	CER	TIFIC	TE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3	. TIME OF DEATH
	Walter 7	homas			mun	FORD	MONTH	1.04	90	EAR	0400 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE					ATE OF BIRTH 8. BI			ACE (State or Foreign
	214-32-0962	1 [X M 2 □ F	59	YRS. MON		HOURS MIN.	05-	. Day, Year) 12 – 19			yland
TOR	98. FACILITY NAME (If not institution, give PENINSULA GENE RESIDENCE OF DECEDENT	,	AL.	96.		ISBURY,		LAND	9c. COUNT		MICO
DIRECTOR	10s. STATE 10s. COUN		1		WN OR LOCAT					1	Dd. INSIDE CITY LIMITS?
		Vicomico		Р		sburg				_	☐ YES 2 X NO
FUNERAL	100. STREET AND NUMBER Rt. 2 Box	336 Powe	ell St.		101	21849				S.A	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR 1952	YES 2 NO)	If yes, sp	ENDENT OF HISPAP acity Cuban, Maxica 2 X NO Specifi	n, Puerto F	? (Specify Yas tican, atc.)	or No — 14	Black, 1	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give I	und of work of NOT use reti	AL OCCUPATION of the during mored.)	st of working	16b.	RING OF BUS			tries
CON	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
H	John Thomas	Mumfor	The second second				enia			ell	У
2	196. INFORMANT'S NAME (Type/Print) Ronald T. Mun	ford			Box	nd Number or Rural :		onsbu			1849
	20a METHOO OF OISPOSITION 1	20b. PLACE OF other place) Jer	F DISPOSITION (Name of cometer), cremetery or 20c. LOCATION — City or Town, State Parsonsburg, M								
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE Phy	pm			ds Fune			E. Ma		St.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II Other eleptificant conditi	, d		-141 1 44			- · · · I				1
V: MEDICAL							24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
Ž	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	eck only on	(a)			
200	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆		HER:	ne 5 🗆 Residence	6 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN.	JURY 2	8b. TIME OF	28c. IN.	IURY AT		CRIBE HOW I	NJURY OCCU	RED	
ву р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJURY		YES 2 NO					
	3 Suicide 6 Could not b	3 Suicide 6 Could not be 28s. PLACE OF INJURY — Al home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Rec								ute Number,	
COMPLETED	onel	/SICIAN: To the best of my									and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	IER /				29c. LICENSE NU	MBER		29d. DATE	SIGNED (Wonth, Day, Year)
BE	Llucke h	El luis	MO			W33			> /	115	19.
5	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Type, Prin	()				1	,/	1.0
3	31. DATE FILED (Month, Day, Year)	M)	PHM	1							
/	JAN 1 6 °90	Jrelia .	Davielan	Denda Mi							

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IVISION OF VITAL RECORDS, P.O. BOX 13146,	and anticome and considered and development that the deadle confidence has meaned of might
2	9

STATE OF MARYLA	ND / DEPARTMENT OF CERTIFICATE OF		HYGIENE REG. NO.	
11)		2. DATE O	DE DEATH	3

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)	- ok.1	N	loore		2. DATE OF DEATH	SAY 100	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In v	rs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 177	BIRTHPLACE (State or Foreign				
OBC.	218 09 1786	x M 2 □ F 90	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Aug. 6,1		Country) Vashington D.C.				
	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. CQUINTY OF DEATH 96. CQUINTY OF DEATH 96. CQUINTY OF DEATH 96. CQUINTY OF DEATH											
DIRECTOR	RESIDENCE OF DECEDENT HO	me		TOWN OR LOCA)			/ Arundel				
Ë		1.1						LIMITS?				
	Maryland Anne Ar	undel	Dav	idsonvi	TTE CODE		100 CITIZEI	YES 2 NO				
A	3306 Royal Glen Av				21035			ted States				
FUNERAL		. WAS DECEDENT EVER IN U.			ENDENT OF HISPAN	IIC ORIGIN? (Specify)		I. RACE American Indian.				
	1 Never Merried 2 Merried	FORCES? 1 YES 2			ecity Cuban, Maxica 2 NO Specifi	n, Puerto Rican, stc.)		Bleck, White, etc. Specify:				
ВУ	3 Wildowed 4 Divorced	NO			NO			White				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		a. DECEDENT'S US (Give kind of wor	k done during me		18b. KIND OF 9	USINESS/INDUS	BTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)								
₹	4 –		Clerk		1		Company	7				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melde	en Surname)					
BE	John A. Moore 19a, INFORMANT'S NAME (Type/Print)		T 10h MAH INO A	DDBESS (Street		einmuth Route Number, City or T	inus State 7in Co	odel				
2	150727 982		The second	Section 1								
	Dorothy Vaughn 204 METHOD OF DISPOSITION	20b. Pf			netery, crematory or	Davidson		ry or Town, State				
	1 Burisi 2 Cremetion 3 Removal from State other place) 4 Donation 5 Other (Specify) Lakemont Memorial Gardens Davidsonville Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICENS		Kelliont I		ND ADDRESS OF FA		VIGSORY	/IIIe Md.				
	Ralets	Evans	0			Funeral						
			1					aryland 20715				
	shock, or heert fellure. List only one ceuse on each line.											
	disease or condition Par air Follo											
ŀ	resulting in death) a. POLETO (OR AS A CONSEQUENCE OF):											
_	see to fail he h expedience ory.											
وَ	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
EA	If any, leading to immediate cause. Enter UNDERLYING											
E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST					*						
AL C	PART il. Other significant conditions o	contributing to death but	not resulting in	the underlyin	g cause given in	Part i. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
2	Hyporleno	un oxto	L AND	curs	m		ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
의	1/			0				OF DEATH?				
PHYSICIAN: MEDIC						_						
A	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)						
SIC		IOSPITAL:		OTHER:	ne 5 🗆 Rasidence	6 Other (Specify)						
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		JURY AT ORK?	28d. DESCRIBE HON	W INJURY OCCU	RED				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(MOID), Day, Year)	INJOI		YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)		eet, factory, offi	00	28f. LOCATION (Stre- City or Town, Sta		Rural Route Number,				
1	4 Homicide determined	111000000000000000000000000000000000000										
COMPLETED	29e. CERTIFIER (Check only	N: To the beat of my knowled	ge, death occurred	at the time, dat	and place, and du	to the ceuse(a) end r	nanner as stated	ı.				
8	000)	On the basis of examination a	nd/or investigation,	in my opinion,	death occured at the	time, date and placa,	and due to the	cause(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	10			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)				
) BE	. GAYWELLE	mp			014	758	1 /	-8-90				
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATI	H (ITEM 27) (Type, F	Print)				3 /				
	205 RIGIDI	AND	An1	Upo/	(, //	2/1	40/					
	31, DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATI			/		T.					
	JAN 18 '90 July	Davidson-Rande	200_									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the interest of the complete	De men within 12 hours after treat with the base begin, or negativen many injury, or other traumatic event, the medical examiner must be notified at once.
SPITAL OR ATTENDING	ERAL DIRECTOR: After	IT: It item 28 is ma
TO THE HOS	TO THE FUN	IMPORTAN

	FOR STATE OF MADVI AN	ID / DEDAO					90 (2566	
	1 - STATE OF MARYLAN		CATE OF			G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE		YEAR 3. TO	ME OF DEATH	
	Gloria Mae Mc K enzie				01	23	90 :	3:21 p M	
	219-46-0693 1 D M 2 7 F	rs. lest birthday) 43 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIT (Month, Day, 05/01	Year)	Penna.	E (State or Foreign	
00	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COU	NTY OF DEATH		
DIRECTOR	Sacred Heart Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	the CITO	Cumbe	rland, MC)	A1	Allegany		
L DIRI	Maryland Garrett		ntsvill			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO			
FUNERAL	Route 2, Box 106 E-1		21 536				COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 X Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, a	CENDENT OF HISPAI pecify Cuben, Mexico S 2 X NO Specif		14. RACE — American Indien, Bleck, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementsry/Secondery (0-12) College (1-4 or 5+) 12	Ge. DECEDENT'S (Give kind of we life. Do NOT us.) Homem	rork done during m e retired.)	ION lost of working	of Business/inc				
	17. FATHER'S NAME (First, Middle, Last) Russell Bittinger			16. MOTHER'S NA Ruth	ME (First, Middle, (Bitti	Maiden Surneme)			
TO BE	190. INFORMANT'S NAME (Type/Print) James E. McKenzie	21536							
	20s. METHOD OF DISPOSITION 1	LACE OF DISPOS ther place) rantsvi	ITION (Name of co	etery		20c. LOCATION Grantsv			
The state of the s	21. SIGNATURE OF FULL DAL. SERVICE LICENSEE		Newm	an Funerative,	al Home				
	23. PART I. Enter the diseases, or complications that caused it shock, or heart failure. List only one cause on accilimmediate Cause (Final disease or condition resulting in death) a. Cutte 70 pue to (or as a condition of the	h ilne.	Ot enter the m	ode of dying, suc			rest,	Approximsta Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ast I	nma	ficus ronic pul	Obsti	enctive	e uiseax	re_	
PHYSICIAN: MEDICAL C							AS AN AUTOPSY RFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			PLACE OF DEATH (C)	heck only one)				
YSI	1 VES 2 NO 1 Impetient 2 ER/Outpetient			me 5 🗆 Residence	8 Other (Spe	cify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26b. TIMI INJ	URY	JURY AT PORK? YES 2 NO	28d. DESCRIBI	E HOW INJURY OC	CURED		
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, a	treet, factory, off	ca	281. LOCATION City or Tow	(Street and Numbern, State)	r or Rural Route	Number,	
COMPLETED	29a. CERTIFIER (Chack only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER REPORT 16 150 Pt. 29d. DATE SIGNED (Month, Day)							th, Day, Year)	
10	Dr. Ragaa Fadl 921 Seton DR Cumberland, MD 21502								
6	31. DATE FILED (Month, Day, Year) JAN 25 90 32. REGISTRAR'S SIGNATI	URE							
4	UHIT C JUNE GUILLE CONTROL	49 X							

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last DG VU TH	Dorothy Mar	garet MAR	RTZ		2. DATE MONTH		2 9	AR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-09-9064	5. SEX 6. AGE ((In yrs. last birthday)	of Birth h, Day, Year) gust 14,1920 Maryland						
	96. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN O	R LOCATION OF DE	EATN		9c. COUNTY	OF DEAT	N
DIRECTOR	Washington County Hospital Hagerstown							Washi	ingto	on
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	10b. COUNTY 10c. CITY, TOWN OR LOCATION							100	I. INSIDE CITY
뚬	Maryland Was	hington		LIMITS?						
AL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHA	COUNTRY?
FUNERAL	11 W. Baltimore	Street		2	21740			USA	1	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	ENDENT OF NISPAN softy Cuban, Mexica 2 X NO Specify	in, Puerto F		or No.— 14.	RACE — Black, W Specify: Whi			
COMPLETED		only highest grade completed) (Give kind of work done during most of working						BINESS/INDUST	RY	
MP .	12		secret	ary				of Hage	erst	own
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			Surname)		
BE a	Charles W. Mart	z, Sr.			Oliva V					
1	Charles W. Mart	7			nd Number or Rural					
9	20a, METNOD OF DISPOSITION	201	D. PLACE OF DISPOSITE Other place)	TION (Name of cen	netery cremetory or	igers		CATION — City		State
MUST	1 St Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)				-	Maryland				
examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE				O ADDRESS OF FA	CILITY				
Exa exa	1 5000	+ Menne	ch					perst	1777	Md. 21740
ry, or other traumatic event, the medical CERTIFICATION	shock, or heart failure. List only one ceuse on each lina. interval Between Onset and Desth disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
AL CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
MEDIC							PERFOR	RMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only or	ie)			
YS.	1 TES 2 NO	1 X Inpatient 2 - ER/Out	patient 3 DOA		e 5 🗆 Residence	6 🗆 Othe	r (Specify)			
PHY:	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	PRK?	28d. DES	CRIBE NOW I	NJURY OCCUR	ED	
is marked, or D BY PHY	2 Accident Investigation	284. PLACE OF INJUR	Y — At home form str		YES 2 NO	28/ 100	ATION (Street	and Number or	Burnel Bour	a Alumbar
n 28 is	3 Suicide 6 Could not b	building, atc. (Spe	ocity)	est, factory, offic			or Town, State)		norm rious	o Number,
IMPORTANT: If Item 28 is O BE COMPLETED	CONSTRUCTION ONLY	/SICIAN: To the best of my know NER: On the besis of examination							ouse(a) ar	nd menner as stated.
E C	29b. SIGNATURE AND TITLE OF CORDIN	F 1	/. n		29c. LICENSE NU					onth, Day, Year)
10 B	- 6	I What I	UP		0112	26G		Go	m 2	290
F	30. NAME AND ADDRESS FEMORY	. Weeks	EATH (ITEM 27) (Type, F	rollen	- fe	Z				
	JAN 22 90	32. REGISTRAR'S SIGN	NATURE PONDER							

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STATE	0F	MARYLAND	/ DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENI
			ERTIFICA	TE O	F DEAT	TH		REG. NO.

_	112010111111		-		10/112	- 01				HEG. NO	•		
	1. DECEDENT'S NAME (First, Middle, Last)	Caro	le Louis	se MC		. 1			2. DATE OF MONTH	. 0	AY	YEAR	TIME OF OEATH
	CArol		uise			Hr				14	20	90	PM
	4. SOCIAL SECURITY NUMBER 218-40-6980	5. SEX	6. AGE (In yrs. les 46	YRS.	IF UNDER	1 YEAR DAYS	HOURS	A 24 HRS. MIN.	7. DATE OF (Month, D	ay, Year)		Country)	ACE (State or Foreign
			40	THO.					July	1/,	1943 Maryland		
œ	9e. FACILITY NAME (If not institution, give st	7					ION OF DE	EATH			NTY OF OEA		
ᅙ	Washington County Hospital					gers	town	n			wasr	ingto	n
ည္အ၂	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN C	R LOCAT	TON					1	od. INSIDE CITY		
片	Maryland Was	Hag	gerst	own						1	LIMITS?		
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101	. ZIP COD	DE			10g. CIT	IZEN OF WH	AT COUNTRY?
EH	1050 Brinker Dri	ve					2	1740			U.	S.A.	
5	11. MARITAL STATUS	### ##################################							IIC ORIGIN? (or No-		- American Indian, White, etc.
ВХ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	MR OR DATES	10			2 (X NO		n, Puerto Rici /:	ит, акс.)		Specify:		
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade		16a. OE	CEDENT'S	USUAL O	CCUPATIO	ON .	elmon	16b. KI	ND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	His	. Do NOT u	se retired.)	Juning inc	ot or work	nry .					
M M	0-12			ho	mema	ker							
8	17. FATHER'S NAME (First, Middle, Last)						18. MO		ME (First, Mide		,		
BE		e L. Low							Mary				
0	19a. INFORMANT'S NAME (Type/Print)	1	19						Route Number,				1 017/0
-	Mr. Richard P. Mo	nr							наде				nd 21740
	20a, METHOD OF DISPOSITION 1XF Buriel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	wal from State	other pi	(ace)	na U.M. Church Cemetery Mt. Lena, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME												
	Scott	Mer	me	K	41	5 E.	Wi	lson	Blvd.	,Hag	ersto	wn, Ma	ryland
NO	shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in death)	m	4 0	etii	Co-	K	neo						interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d.												
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					00 0	ACE OF	OF ATN COL					
2	EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)				
1×S	1 YES 2 NO 27. MANNER OF CEATN	1 Inpatient 2 I		26b. TIR			URY AT	Residence	8 Other (S		IN HIRV O	CHREA	
	1 atural 5 Pending	(Month, D	Day, Year)		JURY	W	YES 2	Пио	100.0200.	WDL NOW	moonii o	JOUTE	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE O	F INJURY — At he	ome, farm.	street, fac				281, LOCATI	ON (Street	and Numbi	or or Rural Ro	uta Number
TED	4 Homicide 6 Could not be	building,	etc. (Specify)			,,				Town, State			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSI												and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Weles	los p	41	29c. LICENSE NUMBER D11266				29d. DA	TE SIGNEO	Month, Day, Year)		
5	30, NAME AND ADDRESS OF PERSON WHO		SE OF DEATH (ITE	EM 27) (Typ	por	STO	iar 1	ud			l	7	
	31. DATE FILED (Month, Day, Year)	32. AEGISTRA	B'S SIGNATURE			2,00							

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31. DATE FILED (Month, Day, Year)

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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2007	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
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Items: 1 & 4 per F. H. G-682 12/4/91 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Jan Dominick Maimone, Dominic 4. SOCIAL 2577-18-1 7. DATE OF BIRTH (Month, Day, Year) 7/13/15 788 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Fore 888-26-434 14 YRS. Pennsylvania 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel General Hospital DIRECTOR Anne Arundel Annapolis 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Hillside MD Prince George 1 YES 2 X NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? 20743 USA 1520 Opus Avenue 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, While, atc. ti yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced WWII white ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 painter construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Leo Maimone <u>Josephine Abbate</u> 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1520 Opus Avenue Hillside MD 20743 Barbara Maimone 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Donation 5 - Other (Specify) Cedar Hill Cemetery Suitland Maryland 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert E Wilhelm Funeral Home, Inc. Kolly 0 Suitland Maryland 20746 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intarvai Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE CHF, atral shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Tompatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ETED. 4 Homicide determined t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated, 29b_SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE P33069 0

> 32. REGISTRAR'S SIGNATURE hie Savidson-Randall

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral ef within 72 hours after death with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal.	
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		FOR STATE REGISTRAR	STATE OF MARYL		ITMENT OF H		MENTAL HYGIEN				
		1. OECEDENT'S NAME (First, Middle, Lest) Charl	otte L.	Ne1s	son		2. DATE OF DEATH	Ž 1996	3. TIME OF DEATH 11:00 P.	м	
0		4. SOCIAL SECURITY NUMBER 578-14-9197	1 🗆 M 2 🔀 F	(In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 19,	1920 Wa	BIRTHPLACE (State or Foreign Country) Shington, D.	С.	
		9a. FACILITY NAME (If not institution, give a Southern Mary 1	· ·	Center	96. CITY, TOWN C	TOTAL	EATH	Princ	ce George's		
F. Part	DIRECTOR	10e. STATE 10b. COUNTY	ce George's		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
n. ansit perm	FUNERAL	100. STREET AND NUMBER 5631 Fargo Aven	ue		101	20745		U.S.	OF WHAT COUNTRY? A.		
:03-3146 attending physician. ise as the burial-transit permit.	B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AS FORCES? 1 YES 2 M. IF YES, GIVE WAR OR DATES									
21203-3146 ial or attending physion use as the buri	LETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	usual occupation work done during more retired.) one Oper	st of working	The state of the state of	JSINESS/INDUST			
400	at once.	17. FATHER'S NAME (First, Middle, Last) William Edward	Truman	releph	ual Bani n Sumame) Son	K					
be retained by ge 5 should be e notified at	TO BE	190 INFORMANT'S NAME (KnowPrint) 190 MAII INC ADDRESS (Street and Number or Quart Parts Alumber City or Tour State 2									
6 ma	TS TE	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specily)	oval from State	Cedar H	ill Ceme		Su	itland,	or Town, State Maryland		
SALTII r death. P e funeral	examiner	21. SIGNATURE OF FUNERAL SERVICE LIC	Kalar, h	, •	Geor 6160		las Funer 11 Rd., 0				
京 ign in	, the medical	23. PART i. Enter the diseases, preshock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach iina.		INTE		piratory arreat,	Approximata interval Betwee Onset and Dea		
4 9 0 4	n event,	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF): THROMBOSIS of MESENTRIC ARTERY								
× a E	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):								
. O. th certif	y, or other traumatic	that Initiated eventa resulting in death) LAST d									
S that the death ned by the atternation and Mental	A A	CORONARY A	contributing to death but not resulting in the underlying cause given $TERY - DISERSE$					N AUTOPSY DRMED? 2 \(\square\) NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
* 10 E	red, or item 23 shows any PHYSICIAN: MEDIC	RENAL A CARSTID 25. WAS CASE REFERRED TO MEDICAL	ARTERY D		nst				1 FYES 2 □ NO		
是 年 事	or item YSICI	EXAMINER?	HOSPITAL:	petient 3 DOA	OTHER:	LACE OF OEATH (Ch	6 Other (Specify)				
OF PHYSIC this ce	marked, GBY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Nacoldent Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY WO	DRY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED		
STOR:	28 IS	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, clfy)	street, factory, offic	20	28f. LOCATION (Street City or Town, State		iural Route Number,		
DIV TO THE HOSPITAL DR A TO THE FUNERAL DIREC be filed within 72 hours	COMPLET	one) 2 MEDICAL EXAMINE	A					and due to the ca	suso(e) and manner as stated.		
TO THE F TO THE F be filed w	TO BE	29b. SIGNATURE AND TITLE OF CHATTER	110m	D 13							
12)	-	30. NAME AND AODRESS OF PERSON WE Gurbux H. Nachn	ani, M.D. 8	926 Wood	yard Rd.	#601, 0	Clinton, M	d. 2073	55		
		JAN 17 '90	32. REGISTRAR'S SIGN		-	4. 1					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MA		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGI		
1. DECEDENT'S NAME (First, Middle		i ahalaan		2. DATE OF DEATH	DAY YEA	
Fdna 4. SOCIAL SECURITY NUMBER 212-03-8663 9a. FACILITY NAME (If not institution	5. SEX 1 M 2 K F	94 YRS. MC	UNDER 1 YEAR F UNDER 24 HRENTHS DAYS HOURS MIN	5. 7. DATE OF BIRTH (Month, Day, Yea 2/23/96	r) Co	
Meridian NC-Co			Centreville, I		Queen	Anne 10d. INSIDE CITY
10e. STREET AND NUMBER	ent	Mi	Llington 101. ZIP CODE			1 YES 2 NO
Rt 1 BOX 3 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR DATES	21651 13. WAS DECENDENT OF HIS If yea, specify Cuban, Ma 1 YES 2 NO Sp	xican, Puerto Rican, atc.	.) 6	IACE — American Indian, Slack, White, etc.
15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 1. T. FATHER'S NAME (First, Middle, L.	'S EDUCATION st grade completed) College (1-4 or 5+)	life. Do NOT use n	done during most of working		System	m in Millingtor
George Ford				NAME (First, Micidio, Ma	iden Sumame)	
James M. Jo	ones	Box 37	, Townsend, D	E 19734	c. LOCATION — City of	
1X Burlel 2 Cremation 3 4 Donation 6 Other (Special Series	y)	other place) Asbu	ry Cemetery 22. NAME AND ADDRESS OF Fellows Fun Box 270 Mil	eral Home	Millingto	n, MD
23. PART I. Enter the disease shock, or heart for iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ellure. List only one ceus	e on eech line.	enter the mode of dying,	such as cerdiec or r	respiretory srreat,	Approximate interval Between Onset and Deetl 3
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (C	OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF): OR AS A CONSEQUENCE OF):	tes Melli	lus		3 40
PART II. Other significant co	d	leath but not resulting in	the underlying cause giver	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		28. PLACE OF DEATH			
I I I I I I I I I I I I I I I I I I I	28a. DATE OF I (Month, Day getion	NJURY 26b. TIME (, Year) INJUR	ce 6 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could 4 Homicide detarm	not be building, e	INJURY — At home, farm, str tc. (Specify) Try knowledge, death occurred	et, factory, office	City or Town,		urai Houte Number,
296. SIGNATURE AND TITLE-OF C	EXAMINER: On the basis of axi	amination and/or investigation,	In my opinion, death occured at 29c. LICENSE D /2 S	t the time, date and place	ce, and due to the ce	use(a) and manner ee stated. SNED (storith, Day, Year)
31. DATE FILED (Month, Day, Year)	32 DEGREERAN	e of death (ITEM 27) (1/po, P TS SIGNATURE L. Javidson-Aanda				

permit. Pages 1, 2, 3 should

BY FUNERAL DIRECTOR

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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32. MEGISTRADIS SIGNATURE
GUNA DANYOLON-RANDOLL

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1 - STATE REGISTRAR	STATE OF MARY		TMENT OF ICATE OF		MENTAL HYGIE REG. N		
1. DECEDENT'S NAME (First, Middle, Last)	en E	· Pear	y, T	· .		DAY 5 -	YEAR 3. TIME OF GEATH
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
214-16-9761A	1 X M 2 □ F 68	3 YAS.	MONTHS DAYS	HOURS MIN.	10/6/2		Maryland
9a. FACILITY NAME (If not institution, give at	L Hospital		Haure	de Gra		9c. COU	Har orc
Maryland Harf			y, town on Loc berdeer				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 24 North Philade	lphia Blvd.		1	of. ZIP COOE 21001			IZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 7 YES IF YES, GIVE WAR OR	2 NO	If yes,		NIC ORIGIN? (Specify \ in, Puerto Rican, etc.)	ea or No-	14. RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDUC	WW II	1			1		White
(Specify only highest grade	completed)	16a. OECEDENT'S (Give kind of v life. Do NOT us	vock done during r	nost of working	16b. KIND OF B	usiness/inc	MISUK
Elementary/Secondary (0-12)	College (1-4 or 5+)		ory cle	erk	Auto	Sales	
17. FATHER'S NAME (First, Middle, Last)			01)		ME (First, Middle, Mald		
Stephen Edwar	d Peerv. Sr			Nina	Pruitt		
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Stree	and Number or Rural	Route Number, City or T	own, State, Zip	p Code)
Nancy Lynn Peery		24 No	orth Phi	ladelphi	a Blvd.	Aberde	een, Md. 21001
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	numl from Ctota	other place) Churchvil					City or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	Cargo,		Tarı		сыту o Funeral ryland 2		
23. PART I. Enter the diseases, pr c shock, pr heart failure.	complications that couse	ed the death. Dp r					rest, Approximete
IMMEDIATE CAUSE (Final			loni	e bl	reding	resu	Interval Between Onset and Death
Sequentially list conditions.	OUE TO (OR AS	CAN	diac	ar	rest		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Diverti	a consequence of	F):				
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):				
PART ii. Other significant condition	e contribution to death	hut not moulting	In the medeator		Dent I De umo		
PART R. Other arginicant condition	s contributing to death	but not resulting	in the underly	ng cause given in		NAUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-					_		1 WES 2 NO
25. WAS CASE REFERRED TO MEDICAL				PLACE OF OEATH (C	neck only one)		
EXAMINER?	HOSPITAL: 1 Dipatient 2 ER/Ou	tpatient 3 DOA	OTHER: 4 - Nursing He	ome 6 - Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending investigation	26a. DATE OF INJURY (Month, Day, Year)		JURY	NJURY AT WORK?	28d. DESCRIBE HOV	V INJURY OC	CURED
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	77 — At home, farm, street, factory, offica ecity)		26f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)			
29a. CERTIFIER 1 (X CERTIFYING PHYSI	CIAN: To the best of my kno	wiedne death novem	ad at the time of	to and place and do	I to the correcte) and a	senner as ch	etad
anal -							the cause(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	1)			29c. LICENSE NU	MBER	29d. DAT	TE SIGNEO (Month, Day, Year)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPA CERTIF	RTMENT OF I		MENTAL HYGIE		
1. DECEDENT'S NAME (First,	Middle, Lest) Thelm	a Mae Powell			2. DATE OF DEATH	DAY Y	SAR 10° 15 0 M
4. SOCIAL SECURITY NUMBER	1 □ M 2 XXF	8. AGE (In yrs. last birthday) 50 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 20, 1	939 M	BIRTHPLACE (State or Foreign Country) [aryland]
	ettution, give street and number) County Hospita	1	96. CITY, TOWN Hagers	OR LOCATION OF DE	ATH	9c. COUNTY Wash	of DEATH lington
Washington (RESIDENCE OF DEC 10a. STATE Maryland 10a. STREET AND NUMBER Rt.2 Corr 11. MARITAL STATUS 1 Never Married 2 K	WashingTo	1	TY, TOWN OR LOCA	TION	-		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Rt.2 Corr	er Road			1. ZIP CODE 21750		USA	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divor	12. WAS DECEDED FORCES?	NT EVER IN U.S. ARMED I YES 2 NO NAR OR DATES	If yes, s	CENDENT OF HISPAN	IIC ORIGIN? (Specify Y n, Puarto Rican, etc.)		. RACE — American Indian, Black, White, atc. Specify: White
15. DECI	DENT'S EDUCATION highest grade completed) 12) College (1-4 or 5	(Give kind o		ON ost of working		usiness/indus	ТЯУ
17. FATHER'S NAME (First, Mi	ddle, Last)	Labor		18. MOTHER'S NA	ME (First, Middle, Maide		
James we	sley McCarty				lizabeth (
Boyce Wayne					Route Number, City or R		21750
20e, METHOD OF DISPOSITI	ON 3 GRamoval from State	20b. PLACE OF DISPO other place) Orchard R	osition (Name of co	metery, crematory or		ocation - ch	y or Town, State Md. 21750
21. SIGNATURE OF TONERAL	SERVICE LICENSEE	0	22. NAME A	ND ADDRESS OF FA	CILITY	Funera	1 Home
immediate Cause (Fin disease or condition resulting in death)	a. Due to	PTICE M O (OR AS A CONSEQUENCE RITU MT O (OR AS A CONSEQUENCE)	1 A OF): [] OF):	ode or dying, suc	n as cardisc or res	piratory arrea	Approximate interval Between Onset and Death
Sequentially list condition if any, leading to immediate cause. Enter UNDERLYI CAUSE (Disease or injust that initiated events resulting in death) LAS	ng a RE	ML FAIL OF AS A CONSEQUENCE -BETEL FI	OF):	7.			45 4 RMs
PART II. Other algoritica DIABATIC PRINCIPIES IN	RETINOPITHUS TO THE WILL AND SC. DIS.	VEUR PATH'L	· MEPH	R-PATHY	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL:		OTHER:	PLACE OF DEATH (C			
1 YES 2 NO	28e. DATE O		IME OF 28c. IN	me 5 Li Rasidenca JURY AT ORK?	6 ☐ Other (Specify) 28d. DESCRIBE HOY	Y INJURY OCCU	RED
2 Accident	Pending nvestigation 28e. PLACE	OF INJURY — At home, farm,	M 1 🗆	YES 2 NO	261. LOCATION (Stree City or Town, Sta	et and Number or	Rural Route Number,
200 CERTICIER L	letermined IFYING PHYSICIAN: To the best of		urred at the time, da	te and place, and due			ı.
one) 2 MEDI	CAL EXAMINER: On the basis of	axamination and/or investiga	ition, in my opinion,	death occured at the	ilme, data and place,	and due to the	cause(a) and menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	hn		29c. LICENSE NU	MBER / 2		SIGNED (Month, Day, Ybar)
	PERSON WHO COMPLETED CA			1. 1his	ENSTOUR.		7 90
31. DATE FILED (Month, Dey,		Ape signature Pande	2	111201	113/ 010/0	· · · · ·	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It less 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

REGISTRAR		CE	RIFIC	AIE OF	DEAL	п	REG. NO.		_	
1. DECEDENT'S NAME (First, Middle, Last) James	Walter		POWE	ELL		- 1	2. DATE OF DEATH January 18	, 199	OYEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5, SEX 6.	AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)	729	8. BIRTH Countr	PLACE (State or Foreign
219-20-1833	1 XM 2 - F	61	YRS.	NTHS DAYS	HOURS	MIN.	Jan. 16, 🞾	20		sylvania
9a. FACILITY NAME (If not institution, give	street and number)		96	L CITY, TOWN	OR LOCATION	N OF DEA			NTY OF D	<u> </u>
3 Par Three Driv	е			Hagers	stown			WA	SHIN	GTON
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	-		40- 0074 7		2001					10.1 1101017 0777
Maryland Wa	shington			erstowi			il.			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER				10	. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
3 Par Three Dri	ve				21740)			USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I IF YES, GIVE WAR	YES 2 XA		If yes, s		, Maxican	C ORIGIN? (Specify Year, Puerto Rican, etc.)	or No—	14. RACE Black While	E — American Indian, c, White, etc.
15. DECEDENT'S ED		16a. DE	CEDENT'S US	UAL OCCUPATI	ON		16b. KIND OF BUS	INESS/INC	OUSTRY	
(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille.	Do NOT use re	done during m tired.)	ost of working					
12	,	Dr	ill 0	perator	•		Truc	k Ma	nfuf	acture
17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	ER'S NAM	E (First, Middle, Maiden	Surname)		
George Wh	itaker	Po	well		Hel	len	May		Stou	ffer
19a. INFORMANT'S NAME (Type/Print)		190					oute Number, City or Town			
Patsy V.Powell		3	Par	Three I	Drive	Hag	gerstown,M	ID 21	740	
20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	moval from State	other pl	acel	on (Name of ce Memoria				liam		t, MD 21795
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE /			22 NAME A	NP ADDRES	S OF FAC	ALT HOMES			
·////ga////	Mu	- 1					Milliamsp	ort,	MD 2	1795
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. COLONS DUE TO (OF	R AS A CONSE	OUENCE OF):	Luci	g 2se					
PART II. Other significent condition	ons contributing to de	ath but not i	resulting in	the underlyii	ig ceuse g	Iven in i	Part I. 24s. WAS AN PERFOF	RMED?	248	WERE AUTOPSY FINORIGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DE	EATH (Che	ock only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	B/Ourtmetions 1		THER:		O-CLEST IN	8 Other (Specify)		-	
27. MANNER OF DEATH	28e. DATE OF IN.	JURY	28b. TIME (OF 28c. IN	JURY AT		28d. DEŞCRIBE HOW I	NJURY OC	CURED	
1 Netural 5 Pending	(Month, Day,		RULM	Y W	ORK? YES 2 _	NO				
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28e. PLACE OF II	NJURY — At he L. (Specify)	ome, ferm, stre	et, factory, off	Ca		281. LOCATION (Street City or Town, State)		or or Rural	Route Number,
(Orlock Orlly	/SICIAN: To the best of my									a) and menner as stated.
291: SIGNATURE AND TITLE OF CERTIF	IER				29c, LICE	NSE NUM	IBER	29d. DA	TE SIGNE	D (Month, Day, Year)
Crie mi	agital	J. P	S		1-1	24	44		-19	.90
30. NAME AND ADDRESS OF PERSON N ERIC M. WACSHA	WHO COMPLETED CAUSE	OF OEATH (ITE	EM 27) (Type, PI	in H	AGEK	2570	own, mc	2	1740	2
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE	ands 22							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	pes 1, 2, 3 should	N.
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deat. of Health and Mental Mygiene prior to burial, cremation, or removal.	-96

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Anna E. Pyle					Jan. 16	1990	3:40 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (#	n yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIRT	THPLACE (State or Foreign
216-14-3624	t 🗆 M 2 🗶 F 🛮 8 /	YRS.	NTHS DAYS	HOURS MIN.	OCT. 18,	1905 cour	Maryland
9a. FACILITY NAME (If not institution, give stre				R LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
Calvert Manor Nurs	ing Home, Ir	iC.	Rising	Sun, MD		Cecil	
RESIDENCE OF DECEDENT		10c CITY T	OWN OR LOCAT	ION			tod, INSIDE CITY
MD Cecil			on, Ma				LIMITS?
100. STREET AND NUMBER 218 W. High St.			101	21921		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS t Never Married 2 Married 3 Wildowed 4 Divorced	I IF YES, GIVE WAR OR DATES I 1 YES 2 X NO Specify:						CE — American Indian, ok, White, atc.
15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BUS		
(Specify only highest grade of Elementary/Secondary (0-12) Elementary	College (t-4 or 5+)	(Give kind of work life. Do NOT use re HOUSEWIF	done during mo etired.)	st of working		Home	_
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surnama)	
Thomas Linde	11			Sar	a Dic	Kerson	/
190. INFORMANT'S NAME (Type/Print) Cheryl McIntire					Route Number, City or Tow. ds, Newark		no 10717
204, METHOD OF DISPOSITION	206.	DI ACE OF DISDOSITI				CATION — City or 1	
t Buriel 2 Cremetion 3 Remo		Gethel	Cen	netery	Che	sapea	Ke City
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME AI	ADDRESS OF FA	Al Home	259 €	. MAIN St.
"Clevard"	Mollows		062	runer	Al Home	EIKTO	N, md 21921
23. PART I. Enter the diseases, pr co ahock, or heart fallure. L	omplications that caused lat only one cause on a	the dasth. Do not ach line.	enter the mo	ds of dying, suc	h as cardiac or respi	ratory srrest,	Approximats Interval Batween Onset and Daath
iMMEDIATE CAUSE (Finsi diasase or condition resulting in death)	Carci	noma	7	Porce	281		Cheet and Death
		CONSEQUENCE OF):	Ja	2. D.	ny Metar	A. 0.6	
Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	wer	10.08	19111612	21041	
Cause. Enter UNDERLYING CAUSE (Disease or Injury							
that initiated events resulting in dasth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					ĺ
PART II. Other significant conditions	contributing to death b	ut not resulting in	ths undsrlyin	g csuse givan in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Arterios	1690 Arc	Head	7 /	ns ear	1 YES 2	™ NO	OF DEATH?
							t 🗆 YES 2 🗆 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (C)	neck only one)		
t YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:		8 Other (Specify)		
27. MANNER OF DEATH t Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investigation 3 Suicida 6 Could not be	26s. PLACE OF INJURY building, etc. (Spec	— At home, farm, atre	et, factory, offic		28f. LOCATION (Street : City or Town, State)		il Route Number,
4 Homicide determined			STATE OF THE STATE			- Lorenza	
(Check only t CERTIFYING PHYSIC	CIAN: To the best of my know R: On the basis of examination						a(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	l. 10 Pate	mi		29c. LICENSE NU La 22	307	29d. DATE SIGNI	EO (Month, Day, Year)
30, MARIE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, Pr 1 211C	ton	- mD	21921		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
JAN 1 8 '90	Julia Davidson	Mandall.					DHMH-18 Rev t/89

Pages 1, 2, 3 should

permit.

be detached for use as the burial-transit

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examiner must

the medical filled in by t

injury, or other traumatic

shows any

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Hem ! certificate h

BY

COMPLETED

BE

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cremation, or

and completely fi o burial, cremation event,

9

the attending physician Mental Hygiene prior to

signed by the

been of of has be Dept.

this c 28 is marked.

DIRECTOR: J

FUNERAL within 72 h

THE

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funeral

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1314	executed
×	pe
O. BC	certificate
۳.	death
S	the
2	that
ECO	requires
1	WE
M	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
5	OR
_	PITAI

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 90 245 PHOCRE PYLC PM STELLA 8. BIRTHPLACE (State or Foreign Country)

MD 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS 93 YRS. 215-34-0942 02-08-9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bel Ale Convolescent Hartor Center DIRECTOR Bel AIR, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Harford Bel Air Maryland FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21014 U.S.A. 410 MacPhail Road 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☒ NO Specify:

Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 X NO 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) ring most of working (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 N/A Milliner Store Owner 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Pyle Eliza Jane Wright 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 12 Pleasant View Rd. Port Deposit, MD Mary Ann Smith 20e. METHOD OF DISPOSITION
1 □ Burial 2 M Cremation 3 □ Removal from State
4 □ Donation 5 □ other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION -- City or Town, State R.A. Ferris & CO West Chester, PA 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 S. Main St. NOrth East, MD 21901 23. PART I. Enter the diseases, or complicatione that caused the fleeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fins) CARPINE ARREST disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): I SCALEMIC HEART DISEASE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO DEMENTA COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 TES 2 NO 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

29e. CERTIFIER 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end placs, end due to the cause(e) end manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

1 YES 2 NO

29b. MINATURE AND TITLE OF CERTIFIER Huden Nowdeorth und

8 Could not be

29c. LICENSE NUMBER 29d. DATE/SIGNED (Month, Day, Year)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANTKEW Nowthousks MD

125 N. MAIN ST BOLAIK, MD 210/4

1.	DATE	FILED	JAN	18	" 90
				-	~ ~ ~

Natural

3 Sulcide

4 Homicide

Accident

32. REGISTRAR'S SIGNATURE Gulia Davidson-Randall

2

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las	1)	1.),		DEATH	2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF C	DEATH
	LINGA	<u>L.</u>			CE			17	90		30
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	N.	MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, D	lay, Year)	Cou	RTHPLACE (State ountry)	or Foreign
1	204-40-8455	1 🗆 M 2 🔀 F	39	YRS.				6-50		VA.	
	9a. FACILITY NAME (If not institution, give	,		,		OR LOCATION OF D	EATH		COUNTY OF	. /	
0	RESIDENCE OF DECEDENT	Al			EIKTO	DA			CEC	//	
DIRECTOR	10e. STATE 10b. COUN	ITY		10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE	CITY
- 1	MD CE	ecil		CON	OWIN	190				1 TYES 3	-
MAL	100. STREET AND NUMBER	, /	- 2.		101	. ZIP CODE	^	101	. CITIZEN O	F WHAT COUNTR	IY?
FUNER		ty 600				2191	0		9	SA	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES?	NT EVER IN U.S. ARI		If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico	en, Puerto Ric		Bt	ACE — American lack, White, etc.	Indian,
84	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 U YES	2 NO Spech	y:		Sp	wH	ITE
ED	15. DECEDENT'S Et (Specify only highest gre	DUCATION ide completed)			JSUAL OCCUPATION		18b. K	ND OF BUSINES	S/INDUSTR		
LET	Elementary/Secondery (0-12)	College (1-4 or 5	+) Iffe.	Do NOT use	retired.)			11-1	,		
MP	NA	NA	Qu	UALIT	7 CONI			14+6			
COMPLI	17. FATHER'S NAME (First, Middle, Last) TESS & W	:11:4	Tank	10 -		18. MOTHER'S NA				-/1-	
BE	190. INFORMANT'S NAME (Type/Print)	illiAM =			ADDRESS (O					0/05	
5	DONALD LEON	ACD.	196		LIBERTS	GROVE	•	Pay XIC	mi, zip Gode)	90, Mr.	219
	20p. METHOD OF DISPOSITION	MILD	20b, PLACE			metery, cremetory or	CD	20c. LOCATIO	ON City of	Town State	-
	1 Suriel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	moval from State	tropp	1201	1 C=M	ETERV	7			osit ,	Mo
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	11	22. NAME A	NO ADDRESS OF FA	CILITY	C 16	20/	Honsi	=
9	1	11	-1	/		FOA			D 2/9		
	23. PARY I. Enter the discesses, o	er complications th	at coused the de	eth. Do no		SING	54,				ximate
	ehock, or heart fallur					,,,			,	Interv	ai Betw
	iMMEDIATE CAUSE (Final disease or condition			Ru	mins	Mol	aNa	2			
- 1	resulting in death)	OUE TO	O (OR AS A CONSEC	DUENCE OF)):						
z		b		4	Mali	grant-	- M	elar	ion	a	
TION	Sequentially list conditions, if any, leading to immediate	OUE TO	O (OR AS A CONSEC	DUENCE OF)):	2					
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	C	2 (00 00 1 00)	NIENOE OF						-	
M- I	that initiated events resulting in daeth) LAST	OUE IC	O (OR AS A CONSEC	DUENCE OF)):					i	
E										1	
CERTIFI		d									
LCE	PART II. Other significant condit	dlone contributing to	o daeth but not r	eauiting in	n the undariyin	g cause given ir	Part I. 2	4a. WAS AN AUT		24b. WERE AUTOP	
ICAL CE	PART II. Other significant condit	dlone contributing to	o daeth but not r	reaulting in	n the undariyin	g cause given in		44. WAS AN AUTO PERFORMED	??	24b. WERE AUTOP AWAILABLE PI COMPLETION OF DEATH?	OT ROLP
ICAL CE	PART II. Other significant condit	dlone contributing to	o daeth but not r	eaulting in	n the undariyin	g cause given ir		PERFORME	??	COMPLETION	RIOR TO
: MEDICAL CE			o daeth but not r	reaulting in	n the underlyin	g cause given in		PERFORME	??	AMILABLE PI COMPLETION OF DEATH?	RIOR TO F CAUS
: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ЩQSPITAL:			26. P OTHER:	LACE OF OBATH (C	heck only one)	PERFORMED	??	AWAILABLE PI COMPLETION OF DEATH?	RIOR TO OF CAUS
SICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ ER/Outpatient 3	□ DOA	26. P OTHER: 4 □ Nursing Hor	LACE OF OEATH (C	heck only one)	PERFORMED YES 2	NO NO	AMILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO F CAUS
: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month,	□ ER/Outpatient 3		26. P OTHER: 4 Nursing Hon E OF 28c. IN.	LACE OF OEATH (C	heck only one)	PERFORMED	NO NO	AMILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO F CAUS
BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	MOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month,)	☐ ER/Outpatient 3 iF INJURY Day, Year) OF INJURY — At ho	DOA 28b. TIME INJU	28. POTHER: 4 Numbing Hore 5 OF 28c. IN. JRY W M 1	LACE OF OEATH (Come 5 - Residence JURY AT DRK? YES 2 - NO	8 Other (PERFORMED YES 2 Specify) RIBE HOW INJUI	NO PRY OCCURED	AMILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	MOSPITAL: 1 Inpetient 2 28e. DATE O (Month, on 28e. PLACE building	ER/Outpatient 3 IF INJURY Day, Year)	DOA 28b. TIME INJU	28. POTHER: 4 Numbing Hore 5 OF 28c. IN. JRY W M 1	LACE OF OEATH (Come 5 - Residence JURY AT DRK? YES 2 - NO	8 Other (PERFORMED YES 2 Specify) RIBE HOW INJUI	NO PRY OCCURED	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not 1 determined 29e. CERTIFIER 1 CERTIFULIAL DIM	HOSPITAL: 1) Impettent 2 28e. DATE 0 (Month, 28e. PLACE building	□ ER/Outpetlent 3 IF INJURY Day, 19ar) OF INJURY — At ho ,, etc. (Specify)	26b. TIME INJU	26. POTHER: 4 Nursing Hore E OF 28c. IN, URY M 1 Itreet, factory, office	LACE OF OEATH (Come 5 Peeldence JURY AT DRK? YES 2 NO	8 Other (28d. OESCI 28f. LOCAT	PERFORMED VES 2 Specify) RIBE HOW INJUI	Pry OCCURED	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 25e. DATE O (Moreth, on 25e. PLACE building	ER/Outpatient 3 IF INJURY Day, Year) OF INJURY — At ho g, etc. (Specify) of my knowledge, de	DOA 28b. TIME INJU	28. POTHER: 4 \(\text{Nursing Hore} \) E OF \(\text{28c. IN, MY M} \) It \(\text{M} \) It \(\text{1} \) It \(\text{Lory, office} \) It det the time, data	LACE OF OEATH (C	8 Other (28d. OESCI 281. LOCAT City or	PERFORMED VES 2 Specify) RIBE HOW INJUI ION (Street and I	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO
COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YeS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Investiga	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, be beliefing YSICIAN: To the best of	ER/Outpatient 3 IF INJURY Day, Year) OF INJURY — At ho g, etc. (Specify) of my knowledge, de	DOA 28b. TIME INJU	28. POTHER: 4 \(\text{Nursing Hore} \) E OF \(\text{28c. IN, MY M} \) It \(\text{M} \) It \(\text{1} \) It \(\text{Lory, office} \) It det the time, data	LACE OF OEATH (Come 5 Residence JURY AT DRK? YES 2 NO De a end place, end du death occured at th	beck only one) 8 Other (28d. OESCI 28f. LOCAT City or	PERFORMED YES 2 Specify) RIBE HOW INJUI SON (Street and If Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2 Val Route Number,	RIOR TO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. DATE O (Month, be beliefing YSICIAN: To the best of	ER/Outpatient 3 IF INJURY Day, Year) OF INJURY — At ho g, etc. (Specify) of my knowledge, de	DOA 28b. TIME INJU	28. POTHER: 4 \(\text{Nursing Hore} \) E OF \(\text{28c. IN, MY M} \) It \(\text{M} \) It \(\text{1} \) It \(\text{Lory, office} \) It det the time, data	LACE OF OEATH (C	beck only one) 8 Other (28d. OESCI 28f. LOCAT City or	PERFORMED YES 2 Specify) RIBE HOW INJUI SON (Street and If Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO
E COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YeS 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of the Investiga	MOSPITAL: 1 Inpetient 2 28e. DATE 0 (Month, be 28e. PLACE building 1YSICIAN: To the best of IINER: On the basis of	ER/Outpetient 3 IF INJURY Day, 19ar) OF INJURY — At ho g, etc. (Specify) of my knowledge, de examination end/or	DOA 28b. TIME INJU	26. POTHER: 4 Nursing Hone E OF	LACE OF OEATH (Come 5 Residence JURY AT DRK? YES 2 NO De a end place, end du death occured at th	beck only one) 8 Other (28d. OESCI 28f. LOCAT City or	PERFORMED YES 2 Specify) RIBE HOW INJUI SON (Street and If Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2 Val Route Number,	RIOR TO
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month, be be be building VSICIAN: To the best of FIER COMPLETED CA	ER/Outpetient 3 IF INJURY Day, 19ar) OF INJURY — At ho g, etc. (Specify) of my knowledge, de examination end/or	DOA 28b. TIME INJU	26. POTHER: 4 Nursing Hone E OF	LACE OF OEATH (Come 5 Residence JURY AT DRK? YES 2 NO De a end place, end du death occured at th	beck only one) 8 Other (28d. OESCI 281. LOCAT City or to the cause time, date as	PERFORMED YES 2 Specify) RIBE HOW INJUI ION (Street and Inform, State) (e) and manner and place, and du	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMAILABLE PI COMPLETION OF DEATH? 1 YES 2 Val Route Number,	RIOR TO

ration of the first of the firs

TO THE HOSPITA TO THE FUNERAL Be filed within 72	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z= nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNECTOR ATTENDING PHYSICIAN: The law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit has false hand in the State hand of Health and Mental Hydiene night to burial, cremation, or removed.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MARYL	AND / DEPAF	RTMENT	r OF H	EALTH AND I	MENTA	L HYGIEN	E	91	0 025
	1 - REGISTRAR		CERTIF					REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	Frank M. Pri			,				n. 18		-	1:22A. M
	~ > ~ ~ O D L D L	1 XM 2 - F	In yrs. last birthday) 61 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of Birth h, Day, Year) -24-4	8 I	country)	ce (State or Foreign
	9a. FACILITY NAME (If not institution, give stre			-		R LOCATION OF DE	EATH		9c. COUNT	Y OF DEAT	H
стов	St. Mary's Hos	pital				cdtown			St.	Mary	
FUNERAL DIRECTOR	Maryland St. M	lary's		ry, town \mathfrak{c}		Hall					d. INSIDE CITY LIMITS? YES 27 NO
A)	104. STREET AND NUMBER					ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
ER/	Route 2 Box 5					2062	2		U.	S	Δ
3	11. MARITAL STATUS	12. WAS DECEDENCE YER IN	U.S. ARMED	13.	WAS DECI	ENDENT OF HISPAN	VIC ORIGI	N? (Specify Yes		4. RACE -	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 14 YES IF YES, GIVE WAR OR DA 1946 - 194	ATES		If yes, spe 1 YES	city Cuban, Mexica 2 NO Specifi	n, Puarto y:	Rican, etc.)		Specify:	Thita, etc. Thite
	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S	USUAL O	CCUPATIO	N .	168	, KIND OF BUS	SINESS/INDU		MILLE
COMPLETED	(Specify only highest grade of Elementary/Secondary (6-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done se retired.)	during mos	st of working					
₽		4	Salesm	an						n Ec	uipment
	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER'S NA					
B	Unkn	OWN						ciarit			
2	19a. INFORMANT'S NAME (Type/Print) L. Marcus Brook	bank				5, Cha					0622
	200. METHOD OF DISPOSITION	201	. PLACE OF DISPO					- V	CATION - C		
	1 🗗 Buriet 2 🗆 Cremation 3 🗆 Removed 1 🗆 Donation 5 🗀 Other (Specify)	Mai from Stata	ary Land	Vet	tera	ns Cem	etei	cy Che	elten	ham.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE			22.	NAME AN	D ADDRESS OF FA	CILITY				
	1/16-	Cart				rt Fun					
	23. PARY L Enter the disease, Dr Ct	of the store that	d the death On	مار	a PI	ata. M	ary	and	2064	6	I Assessed
	shock, pr heert fallure. L	let only one ceuse on e	sch line.	not enter	the mod	de of dying, suc	n es car	diec or resp	iretory srre	et,	Approximate interval Between Onset and Death
	disease or condition	Resn	encel so	1	F	4, LU12	P				oneday
	resulting in deeth)	DUE TO (OR AS /	CONSEQUENCE	F):	,						1 1
z		Porce	una	en	rei	,					7 con
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE			1	6.	-			
S	CAUSE (Disesse or Injury	Car	me	Lu	VI	dese	cen				4125
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):							7
E	resulting in death) LAST										
	PART II. Other significent conditions	contributing to deeth t	out not resulting	In the u	nderiving	cause given in	Part I.	24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL								PERFO	RMED?	Al	MILABLE PRIOR TO OMPLETION OF CAUSE
							_	1 TYES 2	NO	01	DEATH?
							_			1	TYES 2 NO
Z											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		OTHE	_	ACE OF DEATH (CA	neck only o	ne)			
PHYSICIAN:		1 Inpetient 2 - ER/Out				e 5 🗆 Residence	_				
표	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. Til	ME OF JURY		RK?	28d. DE	SCRIBE HOW	INJURY OCC	JRED	
B	2 Accident tovestigation			М		rES 2 NO					
COMPLETED	3 Suictde 8 Could not be 4 Homicide datermined	28s. PLACE OF SNJURY building, etc. (Spec	city)	atreet, fac	tory, office	•	City	CATION (Street or Town, State)	and Number (or Rural Rou	e Number,
9	29a. CERTIFIER	marking and come	250.0000120	10000	S- 3210	-				_	
MP	(Check only	CIAN: To the best of my know									William Company
8	2 MEDICAL EXAMINER	t: On the basis of axaminatio	m who/or investigat	on, in my	optnion, d	eath occured at the	time, dat	a end place, er	na due to the	cause(a) a	no manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	10				29c. LICENSE NU					onth, Day, Year)
TO B	20112	y by my				D1428)		1	/18/	90
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH OTEM 27) /5m	a Deinti							

20650 II, M.D., Leonardtown, MD Boyd

JAN 1 9 90 32. BEGISTRAR'S SIGNATURE
GUNIA DAVIDSON-Randelle

William D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dest, of Health and Mental Hypiene prior to burial, cremation, or removal.	Ce.
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80	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL 72	11.11
HOS:	FUNE	TAN
王	표	POR
2	23	Ξ

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

STATE (OF MARYLAI	ND / DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENI
		CERTIFICATE	OF	DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM			MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, Last) Daniel	R	Pier	ce		2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 160-01-0614	1 € M 2 □ F	E (In yrs. last birthday)	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 6,		BIRTHPLACE (State or Foreign Country) Aaryland
9e. FACILITY NAME (If not inatitution, give so Memorial Hosp		91	Easto:	R LOCATION OF DI	EATH	Pc. COUNTY Tal	of DEATH .bot
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Marvland Queel	n Anne's		revil				10d. INSIDE CITY LIMITS? 1 DAYES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE 2 1 6 1 7		10g. CITIZE	OF WHAT COUNTRY?
417 South Libe 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO	13. WAS DECI	ENDENT OF HISPAI	NIC ORIGIN? (Specify Wan, Puarto Rican, atc.)		. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	15a. DECEDENT'S US (Give kind of work life. Do NOT use n	WAL OCCUPATION the done during most obtred.)	N it of working	16b. KIND OF BI	USINESS/INDUS	27-27-27
Secondary 17. FATHER'S NAME (First, Middle, Last)		Labor		18. MOTHER'S NA	ME (First, Middle, Maide	ariou	S
Daniel Pierc	e Sr.	19b. MAILING AL	ODRESS (Street a		Elizabet Aoute Number, City or To		
Miss. Hattie Em	oval from State	417 S.	Liber	ty St. (Centrevi 20c. L	11e M	arvland 216
4 Donation 5 Other (Specify)		Veterans	22, NAME AN	D ADDRESS OF FA	CHUTY WALLE	Y'S F	Maryland JNERAL HOME wn, Md. 21620
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (Or A	CONSEQUENCE OF): CONSEQUENCE OF): A CONSEQUENCE OF):	Pera	clera	Siz		year
PART II. Other algnificant condition	d. s contributing to deep		the underlying	; cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C/			
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME (OF 28c. INJ		8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre pecify)	et, factory, office)	28f. LOCATION (Stree City or Town, State	t and Number or e)	Rurel Route Number,
anal	CIAN: To the best of my kn						cause(s) and menner as stated.
296 SIGNATURE AND TITLE OF CERTIFIE	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Zero 2	rinti	29c. LICENSE NU	MBER	29d. DASE 9	190 Munth, Day, 1641
P.GREGG RI	HODES	(D, 583)	DUTCHI	LAN'S L	A, EASTO	W, N	9 5 16011
JAN 1 0 90	Julia Dav	dson-Randale					

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1	-	STATE
		- 1 U 1-1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. I	NO.		
DECEDENT'S NAME (First, Middle, Last) CHAI	RLES L		PERKIN	S	2. DATE OF DEATH MONTH January	DAY	YEAR	OF PEATH A M
4. SOCIAL SECURITY NUMBER 215 09 2496	5. SEX Male 6. AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1906	B. BIRTHPLACE (Si Country) Jtah	ate or Foreign
9e. FACILITY NAME (If not institution, give at	reet and number)	9	b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH	
Magnolia Hall Nur	sing Center		Cheste	rtown		Ken	t	
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSI	DE CITY
Maryland Queen	Anne Co.	Mill	ington.		s Landing		1 🗌 YES	s X No
RFD For	d's Landing		10	21651		USA	EN OF WHAT COU	NTRY?
11. MARITAL STATUS Married 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	N U.S. ARMED 2 2 NO DATES NO	If you ar		NIC ORIGIN? (Specify an, Puarto Rican, atc.) NO		4. RACE — Americal Black, White, at Specify: Whi	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use	SUAL OCCUPATION MICH MICH MICH MICH MICH MICH MICH MICH	ON ost of working	16b. KIND OF	BUSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Court Rep			Appeals	(Balt:	imore Co	ounty)
17. FATHER'S NAME (First, Middle, Lest)	Charles Perl	kins			AME (First, Middle, Mai Anna Robe			
190. INFORMANT'S NAME (Type/Print) Hilda Perkins					Route Number, City or Lane Mil			1651
20e, METHOD OF DISPOSITION CY 1 Surfel 2 Cremetion 3 Remo	emation Ca	b. PLACE OF DISPOSIT	Name of ce	metery, cremetory or		LOCATION - C Dover,	ity or Town, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	۸۸	22. NAME A	ND ADDRESS OF FA	ACILITY	P.0	. Box #	264
> J. Wil	Philo	ells	J. W	illis We	lls Che		wn, Md.	
23. PART . Enter the diseases, or calculate the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Cereby DUE TO (OR AS	A CONSEQUENCE OF):	lar		land	2	Int. On	proximata erval Between leset and Death 2 + M
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other algnificant condition	a contributing to desth	but not reaulting in	the underlyin	g cause given in	PER	AN AUTOPSY FORMED?	AVAILABL COMPLET OF DEATI	TOPSY FINDINGS LE PRIOR TO FION DF CAUSE H? B 2 \(\sum \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			LACE OF DEATH (C/	heck only one)			
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA 4			8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	(Month, Day, Year)	28b. TIME INJUI	W YF	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED	
2 Accident Investigation 3 Sulcide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, str	eet, factory, offic	00	281. LOCATION (Str City or Yown, S	set end Number (tete)	or Rurai Route Numi	ber,
1	CIAN: To the best of my know							ner se stated.
29b. SIGNATURE AND TITLE OF CONTINEE		- m - 6	7	29c. LICENSE NU			SIGNED (Month, D	1
30. NAME AND ADDRESS OF PERSON WH Wayne D. Benjami	,	, ,,,,,	•	10/	0.0		100	10
31. DATE FILED (Month, Day, Year)	II Gresteri	town, Md.	21020					
on sale times (moint, say, ree)	Ja. REUISTRAN S SIG	NA: UNE						

JAN 17 '90

Julia Davidson-Randell

DHMH-16 Rev 1/89

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hington D.C

20715

16h. KIND OF BUSINESS/INDUSTRY

1 TYES 2 X NO

18. MOTHER'S NAME (First, Middle, Maiden Surname)

REVUE COLLECTION -METRO

A. M

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

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None

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burial-transit

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	Pag	9	e
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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	O TH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC
	-	P 6	-

1 - FOR STATE REGISTRAR		STATE OF I					IEALTH DEA		MENTAL HYGIEN REG. NO.			0200
1. DECEDENT'S NAME (First		THEIMME	POH	ILMAN	IN				2. DATE OF DEATH MONTH DATE OF 12		YEAR 990	3. TIME OF DEATH 7:58 A
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les 212 14 3921 1 ⋅ 1 ⋅ 1 ⋅ 1 ⋅ 1 ⋅ 1 ⋅ 1 ⋅ 1 ⋅ 1 ⋅			YRS.	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Feb. 18 19	21	Count	HPLACE (State or Foreign ry) Shington D	
98. FACILITY NAME (if not institution, give street and number) 9225 Alcona Street RESIDENCE OF DECEDENT					96. CITY, TOWN OR LOCATION OF DEATH Lanham					Prince George's		
					y, town HAM	OR LOCA	TION					10d. INSIDE CITY LIMITS? 1X YES 2 NO
9229 Alcona		t				10	2070					States
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divi	Married	FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES WWII			If yes, sp		an, Maxico	NIC ORIGIN? (Specify Yea in, Puerto Rican, atc.) y:	or No-	Blac Spec	E — American Indian, k, White, etc. ily:

ANTON FREDERICK HELEN DUNNE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) MARY POHLMAN 9229 ALCONA STREET LANHAM MARYLAND 20715 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) MARYLAND VETERANS CEMETERY CHELTENHAM MARYLAND 21. SIGNATURE OF TU EBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BEALL-EVANS FUNERAL HOME, P.A. RA 16000 ANNAPOLIS Rd. Bowie Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximeta ahock, or heart failure. List pnly one cause on each line. Interval Between **IMMEDIATE CAUSE (Final Onset and Death**

SUPERVISOR

16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working

disease or condition Acute myocardial disease reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) chronic myocardial disease. Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT 1 X Natural 5 Pending Investigation 1 YES 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as attend.

2 📆 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s)

	CONTRACTOR OF THE CONTRACTOR		CAMPAGE CONTRACTOR	
196. SIGNATURE AND TITLE OF CENTIFIER	Deputy Medica	al Examiner	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
	Manne	2	D09975	01/12/90

John S. Rogers, M.D., 1919 Seminary Road, Silver Spring, Montgomery, MD

JAN 18 '90 a Savidson-Randell

6 Could not be

15. DECEDENT'S EDUCATION

College (1-4 or 5+)

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

•

BALTIMORE, MARYLAND 21203-3146

		FOR
1	_	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR	SINIE OF MINIT			OF DEATH	REG. N				
1. DECEDENT'S NAME (First, Middle, Last) LINDA K	ATHERINE	PADGE	ГТ		2. DATE OF DEATH MONTH 1-17-9	A FOI	YEAR	3. TIME OF DEATH UNKN.	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	70 FO		PLACE (State or Foreig	gn
217-66-2209		55 yrs.	MONTHS DA		7-28-19		La	Plata,	MD
9a. FACILITY NAME (If not institution, give 14300 Block Liv. RESIDENCE OF DECEDENT				WN OR LOCATION OF DI COKEEK	EATH		ince	Georges (Co.
10a. STATE 10b. COUNT	TY .	10c. CIT	Y, TOWN OR LO	OCATION				10d. INSIDE CITY	
Maryland Pri	nce George	es Ac	cokee					1 - YES 2/-XNC)
16004 Manning				20607		10g. Cl	USA	VHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Noverted 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	s 2 X)(0	If yes	DECENDENT OF HISPA s, specify Cuban, Maxica YES 2 XNX Specif	in, Puerto Rican, etc.)	es or No-	Specif	E — American Indian, c, White, atc. ny: nite	
15. DECEDENT'S ED		16a. DECEDENT'S (Give kind of	USUAL OCCU	PATION g most of working	16b. KINO OF B	USINESS/IN		12.00	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)		Hom				
17, FATHER'S NAME (First, Middle, Last)		Hou	sewif		ME (First, Middle, Maide		_		
James C. Rich	ards				ne Penni				
19a. INFORMANT'S NAME (Type/Print)				reet and Number or Rural	Route Number, City or To	own, State, Z	(ip Code)	00107	
Michael Padge				ning Rd.					
20s. METHOD OF DISPOSITION 1 Description Method Section Section Description noval from State	other plane!		of cometery, cremetory or rial Gar			City or To			
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	· I I I I I C y	22. NAM	E AND AGORESS OF FA	CILITY		, _ ,	114	_
I ► III 0/1 V<				untt Fun . O. Box			0		,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR A	S A CONSEQUENCE O	F):						
resulting in death) LAST	d								
PART il. Other significant condition	ona contributing to deat	but not reaulting	in tha under	lying cause given in		AN AUTOPSY ORMED? 2 NO	Y 24b.	WERE AUTOPSY FIND ANAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? XXXES 2 NO	JSE
25. WAS CASE REFERRED TO MEDICAL			2	86. PLACE OF OEATH (C	heck anly one)				
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/C	utpatient 3 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	6X Other (Specify)	S	CENE		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea	r) IN.	JURY	WORK?	28d. DESCRIBE HOV				
2 Accident Investigation	28e, PLACE OF INJU	mated IRY At home, farm,		YES 2 NO	SUBJECT 281. LOCATION (Street				
3 Suicide 6 Could not be 4 Homicide determined	building, atc. (8	pecify) WOODED A	/		City or Town, Ste		0 bl	KALIVINGS	TON
Torigon oray	SICIAN: To the best of my kr				a to the cause(s) and n e time, data and place,	and due to	tated. the cause(s	(Month, Day, Year)	ed.
MARIO F. GOLLE,		11.	, Print) 1 Penn	Street,Ba	ltimore,M	D 212	201	V	C
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S								
JAN 3 1 1990	grain Davidson	Randelle							

l.	FOR STATE REGISTRAR		STATE OF I	MARYLAND /		TMENT					YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, VERNA	MAL	De F	Verna	Maud	e Po				2. DATE OF		W.	YEAR SO	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216_18_9476		5. SEX 1 M 2 X F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER MONTHS	DAYS	IF UNDER	MIN.		y, Year)	904	Vir	ginia
TOR	99. FACILITY NAME (If not in Fallston G	eneral		1				ston.	ON OF DE	ATH		1100000	rfor	d County
FUNERAL DIRECTOR	Maryland 10e. STREET AND NUMBER	Harf	ord Coun	ty		y, town o	Air							10d. INSIDE CITY LIMITS? 1 YES 2 NO
INERA	2010 Helt	on Ave		IT EVER IN U.S. AR	MED	13			014	IIC ORIGIN? (S	nacity Vac		U.	WHAT COUNTRY? S.A. E.— American Indian,
ВҰ	1 Never Merried 2 3 Wildowed 4 Divo		FORCES?	YES 2 X	NO ON		If yes, sp	ecify Cube 2. NO	n, Mexicar	n, Puerto Ricar	n, etc.)	or No-	Spec	k, White, etc.
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade 0-12)	College (1-4 or 5 +)			CEDENT'S USUAL OCCUPATION it work done during most of working . Do NOT use retired.)					n ema	ker	DUSTRY	1
ш	17. FATNER'S NAME (First, M Leo Pey	ton S	tamper					18. MOTI	Amai	ME (First, Middl nda M	e, Maiden aude		rico	
19a. INFORMANT'S NAME (Type/Print) SON 830-7738 Mr. Ralph H. Poole 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip 2107 Fairlane Road, Bel Air, Marylan 20a. Method of Disposition 120 Burlel 2 Cremetton 3 Removel from State 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip 2107 Fairlane Road, Bel Air, Marylan 20a. Method of Disposition (Name of Comptany, Cremetory or Bell Air)								nd 2	1014 own, State					
	12C Burlel 2 Crematic 4 Donation 5 Other 21. SIGNATURE OF FUNERA	on 3 🗆 Rem				22.	NAME AI	ND ADDRE	SS OF FAC		Bel ter	Air	, Maryland 21014	
	23. PART i. Enter the d	wind.	complications the	at caused the de	ath Do	i	Bel.	Air,	Mar	dway & yland	2101	4		Approximete
		eart failure.	List only one ca		र्वा	apr		\		nonh	11.	ma	sch.	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injuthat initieted events resulting in death) LAS	iry	c. DUE TO	OR AS A CONSE	OUENCE O	F):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 OF NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO													
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	☐ ER/Outpatient 3		OTHE		LACE OF D	EATH (Ch	eck only one)				
HYS	1 TYES 2 NO		28a. DATE O	F INJURY	28b. T/8	4 🗆 Nur	zing Hon 28c. INJ	URY AT	esidence	6 Other (Sp 28d. DESCRI		NJURY OC	CURED	
ВУ Р	Netural 5 2 Accident	Pending Investigation	(Month, I	Day, Year)	IN	JURY M		YES 2	□ NO					
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At he , etc. (Specify)	ome, farm,	me, farm, street, factory, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	one) 2 MED	ICAL EXAMINE												(e) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE	Julia	nd K	Umos	0			29c, LIC	O 5	3 4		29d. DAT	E SIGNE	0 (Month, Day, Year)
	30. NAME AND ADDRESS O	g B	Am65	AR'S SIGNATURE	3 3	a, Print)	BI	1500	r Ri	d F2	1/24	1	mil	21047
		_	90 32. REGISTR	Lulia Dav	idson-	Pande	22.							

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randelle.

+ IB

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral discrimination to the fact that the fact has been signed by the attending physician and completely filled in by the funeral discrimination to removal. The fact has the fact has been signed by the attending physician and completely filled in by the funeral discrimination to removal.	the state of the spital or attending physician,	the detached for use as the burial-transi	(400)	differ at once.
	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director persons.	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not

Pages 1, 2, 3 should

permit.

ND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIRECTOR: At hours after de item 28 is r

29a CERTIFIER

2 MEDICAL EXAMINER: On the

29b. SIGNATURE AND TITLE OF CERTIFIER

FUNERAL DIN. within 72 hours.

TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Virginia 3:50AM 1719/90 otts H. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Moeth, Day, Year 1 M 2 AF 74 DAYS HOURS MIN. Michigan 577-01-2776 VRS 9a. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 9b. CITY TOWN OR LOCATION OF DEATH DIRECTOR Greater Laurel Beltsville Hospital Laurel Prince George RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e STATE Prince George Maryland Laurel 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15116 Laurel Oaks Lane 20707 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 X Divorced Thi te ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Service Observer 0 C&P Telephone Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernst W. Christen Helen O'Donnell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6709 Park Hall Drive Laurel, MD G. Kave Hood 20a METHOD OF DISPOSITION

1 VSurial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Cedar Hill Cemetery 4 Donation 5 Other (Specify) Suitland, Maryland 21. SIGNATURE OF EUNERAL SERVICE LICENSEE Fleck Funeral Home Inc. 7601 Sandy Spring Rd Laurel, MD 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, Dr heert fellure. List only Dne ceuse on each lige. Interval Between Onset and Death IMMEDIATE CAUSE (Final Ventricolon disesse or condition 18 days resulting in death) Cocroncing CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE/OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO DE DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 1 A Inpatient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 🗵 Netural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Type, Print) JAN 22 90 32 REGISTRAR'S SIGNATURE Juna Day door - handale DHMH-18 Rev 1/89

nination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29d. DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

024283

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

M.D

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3.	TIME OF DEATH
	VIOLA W	HETSTON	ETSTONE PERRIN J				JANUARY	21.	1 9 9 0	1:50 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	174-16-8019	1 🗆 M 2🔀 F	70	YRS.	MONTHS DAYS	HOURS MIN.	01-06-2	0	Penns	sylvania
_	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	INTY OF DEATI	Н
DIRECTOR	PHYSIANS MEMORI RESIDENCE OF DECEDENT		ITAL		LA PI			CHAR		
E	10e. STATE 10b. COUNT				Y, TOWN OR LOC				100	I. INSIDE CITY LIMITS?
	Maryland Char	Les		Ind	lian He					YES 2 X NO
FUNERAL	31 Fairmont Pl	ace			1	20640			C.A.	COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	s or No-	14. RACE — Black, W	American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		10		S 2X NO Speci			Specify	nite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION			USUAL OCCUPAT		16b. KIND OF BU	ISINESS/IND		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+) Ilfe.	Do NOT u	se retired.)	lost or working				
M M	12			Flor	ist		Flower	Sho	p Owr	ner
8	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maide	Surname)		
BE	D. Ross Whetst	one				Fern				
0	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or To			2610
	H. Russ Perrin		_				Indian He			
	20e. METHOD OF DISPOSITION TO Burtel 2 Cremation 3 Ren	noval from Stata	other of	ece)		emetery, crematory or .al Gard	10.10-0		City or Town,	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- IIIIII	LLY		AND ADDRESS OF F		dori	., Mai	cyland
	Danston	c-Se	hos	100	Are	hart Fu	ineral Ho	me,	Inc.	
2	23. PART I. Enter the disesses, or	complications that	t cauesd the de	sth. Do				olratory sr	rest,	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	Liet only one cau	se on eech line).	1					Onset and Death
	disease or condition	Car	-diobi	(m	mery	arre	0/-			
	resulting in death)	DUE TO	(OR AS A CONSE	DUENCE C	PJ:					
z	- Porainstem Infarct									
임	Sequentieily list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE O	F): / /.				•	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury									
E	that initiated events resulting in death) LAST									
B		d								
	PART II. Other significant condition	ne contributing to	death but not	resulting	In the underly	ng ceuse given in	Part i. 24s. WAS A	N AUTOPSY		RE AUTOPSY FINDINGS
DICAL	Coma.						1 🗆 YES		CO	OMPLETION OF CAUSE
MEC										YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only one)			
SIC	1 TES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 - Residence	6 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TII		NJURY AT VORK?	28d. DESCRIBE HOW	INJURY OC	CCURED	
ВУ	1 Naturat 5 Pending 2 Accident investigation				M 1	YES 2 NO				
	3 Suicide 8 Could not be	26s. PLACE O building,	F INJURY - At he etc. (Specify)	ome, ferm,	street, factory, of	fica	28f. LOCATION (Stree City or Town, Stat		er or Rural Rout	s Number,
	4 Homicide determined									
COMPLETED	anal anny						e to the cause(a) and me time, data and place,			nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIC		4	Oi.		29c. LICENSE NU			TE SIGNED (M	111
BE	west	(Alte	inding	Phy	(Sicion)	ID D1		ZING. DA	TE SIGNED (MI	onth, Day, rear)
2	30. NAME AND ADDRESS OF PERSON W	-17 67			2					
	GIRTJA SHANKAR					WALDOR	F, MARYL	AND	20601	
	STATE FILED (Month, Day, Year) , ILIN 2 2 90	32. DEGISTRA	AR'S SIGNATURE	ander	2,					
	LIGHT C JO	70.00								

13146,
BOX
P.O.
RECORDS,
VITAL
OF
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within? fours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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I GW	has t	Dept	23	
The	afte !	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	arked, or item 2:	
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STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI	Ε
		CI	ERTIFICATE	0	F DEAT	TH		REG. NO.	

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENT	AL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH	YE/	3. TIME OF DEATH
	JOSEPH.	J. PILLA					UARY 15		
3	A STATE OF THE STA		In yrs. last birthde	MONTHS D	AR IF UNDER 24 HRS.		E OF BIRTH nth, Day, Year)		HRTHPLACE (State or Foreign country)
	3/0-10-1/40		76 YRS				.24,191		SHINGTON, D.C.
DIRECTOR	98. FACILITY NAME (If not institution, give street 11601 OREBOUGH AVERESIDENCE OF DECEMENT				WN OR LOCATION OF ER SPRING			9c. COUNTY	
350	10e. STATE 10b. COUNTY		10c.	CITY, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
		OMERY	SI	LVER SE	RING				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
NEI	11601 OREBOUGH AVE				20902			USA	
	1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? YES	2 NO	If ye	DECENDENT OF HISP s, specify Cuben, Mexi	ican, Puert		11	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	WW II	ALES	1	YES 2 NO Spe	city:			Specify: HITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of			T'S USUAL OCCU		1	66. KIND OF BUS	SINESS/INDUST	RY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	T use retired.)					
MP	12		CARPEN	TER		_	MARTIN		
	17. FATHER'S NAME (First, Middle, Last)						t, Middle, Malden	Surname)	
B	ANTONIO PILLA 190, INFORMANT'S NAME (Type/Print)		19b. MAII	ING ADDRESS (S	CAMILL reet end Number or Run			n State 7in Cod	
2	EDITH C. PILLA								ARYLAND 20902
	20e, METHOD OF DISPOSITION	200	. PLACE OF DIS		of cemetery, cremetory of			CATION — City	
	1 St Burlel 2 Cremetion 3 Remon		ATE OF	HEAVEN	CEMETERY		SILV	ER SPR	ING,MD.
	21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE O			CIS J. CO		C FIINEE	AT HOM	F INC
	- (Verent X	Dem							R.,MD.20901
	23. PART i. Enter the diseases, or co shock, or heart fellure. L	omplications that cause	d the desth. D						
	IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	METASTAT		CODEU	al CARO	INO	MA		Onset and Death
		DUE TO (OR AS	A CONSEQUENC	E OF):					
ON	Sequentially list conditions, b.	DUE TO (OR AS /	A CONSEQUENC	E OF):					
TA.	If any, leading to immediate cause. Enter UNDERLYING			,					
틸	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENC	E OF):					
CERTIFICATION	resulting in death) LAST								
AL C	PART ii. Other significant conditions	contributing to death b	out not resulti	ng in the unde	rlying ceuse given	in Part i.	24a. WAS AN		24b. WERE AUTOPSY FINDINGS
S							PERFOI	/	AVAILABLE PRIOR TO COMPLETION DF CAUSE
AED							1 123 2	7	DF OEATH? 1 YES 2 NO
N.									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (Check only	one)		
YSI	1 TES 2 NO	1 Inpatient 2 ER/Out		A 4 - Nursing	Home 8 Residence				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M M	C. INJURY AT WORK?	28d. (ESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, fer	m, street, factory	office		OCATION (Street Ity or Town, State,		tural Route Number,
COMPLETED	tone on the second	IAN: To the best of my know							use(s) and manner se stated.
BE	SUCH ATTURE AND TITLE OF CERTIFIER	Promue	uus	\	29c LICENSE N	NUMBER		29d. DATE 6N	GNED (Month, Day, Year)
0	NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27)	- 12	CIANS (A	INF. I	RODEIN	LLE II	4) 10850
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE)	To de	1	7
	JAN 18'90	grina Da	vidson-Ra	ndelle	F-1				

MARYLAND 21203-3146

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'2 hours after death with the State Dept. of health and mental hygiene prior to build, cremeton, or	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the m	
J ATRO	my i	
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State	Item	
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Death	ma.	
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NOURS	Item	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE STATE OF MARYLAN	D / DEPARTMENT OF		ENTAL HYGIENE REG. NO.	
		rd Parsons	2	DATE OF DEATH	YEAR 3. TIME OF DEATH A
13	DAMES E. Pa	rsons		JAN. 18	1990 6:55 M
į	232-18-8249 1\(\overline{1}\o	s. last birthday) IF UNDER 1 YE YRS. MONTHS DA	S HOURS MIN.	Aug. 3,1911	6. BIRTHPLACE (State or Foreign ~=intry) Virginia
DIRECTOR	HARFORD MEMORIAL HO.		N OR LOCATION OF DEATH		HARFORD
EC.	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR L	CATION	_	10d. INSIDE CITY LIMITS?
	Maryland Harford	Abingdon			1 TES 2 NO
FUNERAL	3811 Washington Avenue		101. ZIP CODE 21009	10g.	USA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 🔀 Widowed 4 Olvorced	☐ № O If yes	DECENOENT OF HISPANIC , specify Cuben, Mexican, F YES 2 NO Specify:	ORIGIN? (Specify Yes or No Puerto Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify: White
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USUAL OCCUI (Give kind of work done durin	ATION	18b. KINO OF BUSINESS	
	Elementary/Secondary (0-12) College (1-4 or 5 +)	iile. Do NOT use retired.)	most or working	Consta	ruction
COMPL	17. FATHER'S NAME (First, Middle, Last)	Carpenter	La marina mina	(First, Middle, Meiden Surner	
	James Arthur Parsons			ay Holder	ne)
TO BE	190. INFORMANT'S NAME (Type/Print) John A. Parsons	196. MAILING ADDRESS (Str 3808 Washin	oot and Number or Rural Rougton Avenue	to Number, City or Town, State, Abingdon, I	o, Zlp Code) Md• 21009
h	20e. METHOD OF DISPOSITION 1	ACE OF OISPOSITION (Name of place). Lion Cemet	cemetery, cremetory or		N — City or Town, State
B	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAN	E AND ADDRESS OF FACIL		1 Maria D 3
	Houser R. McCorner	14 131	7 Cokesbury	Road, Abino	eral Home, P.A. gdon,Md. 21009
	23. PART I. Enter the diseasea, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death)		mode of dying, such a	as cardiac or reapirator	y arrest, Approximata Interval Between Onset and Death
Z	bue to join & a co	CAD	E Car	edrai	
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING	y soun			
ERTIF	that initisted events resulting in death) LAST	ck l	mg a	desen	el
MEDICAL C	PART II. Other algnificant conditions contributing to deeth but	not resulting in the under	ying cadas given in Pa	PERFORMED? 1 YES 2 N	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	8. PLACE OF DEATH (Check	t only one)	
PHYSICIAN:	1	int 3 DOA 4 Nursing	Home 5 Residence 6		
	1 Netural 5 Pending (Month, Day, Year)	INJURY	INJURY AT 2 WORK?	6d. DEŞCRIBE HOW INJUR	Y OCCURED
BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY —	At home, farm, street, factory,		RSI. LOCATION (Street and No	umber or Rural Route Number,
TED	Suicide 6 Could not be building, etc. (Specify) Homicide determined			City or Town, State)	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of examination are				7.3
	29b. SIGNATURE AND TITLE OF CERTIFIER	4	29c. LICENSE NUMBI	2011112777772	. OATE SIGNED (Month, Day, Year)
) BE	totue 0	Fun	10/2	190	1/18/90
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CHANGE	(ITEM 27) (Type, Print)	-1-/-		110110
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	Pando 00			

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF H
REGISTRAR	CERTIFICATE OF

1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA			MENTAI	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	robine	Frederic	k Rob	inette	2. DATE MONTH	OF DEATH DAY	19	QQ	Z148 M
220-10-5202	8 M 2 O F	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	(Month	of BIRTH 1, Day, Year) 5 · 197	20	Mar:	yland
9a. FACILITY NAME (If not institution, give street	en 1.+05pito	R/ 9b.	WP.St	MINST	Cr.	mb	Sc. COUNTY	OF DEA	7/(
Maryland : Car	coll		minste:						Od. INSIDE CITY LIMITS? YES 2 X NO
10e. STREET AND NUMBER			10f	ZIP CODE					AT COUNTRY?
2115 Ridge Rd. 11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	2. WAS DECEGENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	≥ XNO	if yes, spe	21157 ENDENT OF NISPAN solfy Cuban, Mexica 2 (2 NO Specifi	in, Puerto I			S.A. Black, Specify:	- American Indian, White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade co		e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina mo		16b	KIND OF BUSI	NESS/INDUS	TRY	WIILCE
8		radar			e	lectro	nics	mfg.	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			umame)		
Albert John Robi 19a. INFORMANT'S NAME (Type/Print)	nette	19b, MAILING ADD	ORESS (Strant =	Sara			State Zin C	ode)	
Sara Jane Robinette	e			. Westm				,	
20e METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremation 3 🗆 Remove 4 🗆 Donation 6 🗀 Other (Specify)	al from State 20b. Pt.	ACE OF OISPOSITION (Not place)	A	De Con Hi			ation — cir lerick		
21. SIGNATURE OF FUNERAL SERVICE LICEN	O. Xar	bler		Windsor,	D	.D. Har			
23. PART I. Enter the diseases, or corahock, or heart failure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	npilcations that caused that only one cause on each	or death. Do not on the line.	res	de of dying, auc Liveazue					Approximete Interval Between Onset and Deeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reautting in deeth) LAST	DUE TO (OR AS A CC								
PART II, Other aignificent conditione	contributing to death but	not resulting in th	ne underlyin	g cause given in	Part I.	24e. WAS AN A PERFORM 1 YES 2	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (C)	heck only or	ne)			-
	HOSPITAL:		THER:	a 5 🗆 Rasidence					
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WC	URY AT ORK? YES 2 NO	28d, DE	SCRIBE NOW IN	JURY OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, offic	•		CATION (Street ar or Town, State)	nd Number or	Aural Ac	ute Number,
conductor of the	AN: To the best of my knowled On the basis of examination er								and manner as stated.
MG NGHATURE AND TITLE OF CERTIFIER	Lungho			29c. LICENSE NU D 230	MBER 23		29d. DATE 5	SIGNED (Mighth, Day, Year)
Juan A. Suriel	Carr	oll Coun	ty Gen	eral Hos	pita	1 West	tminst	ter,	MD
31. DATE FILED (Month, Day, Bark 90	32. REGISTRAR'S PRONATO	on-Randoll			2				

FOR STATE REGISTRAR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
urs after death	ly filled in by the fune	ation, or removal.	the medical exam	
tificate be executed with	physician and complete!	ene prior to burial, crema	ther traumatic event,	
uires that the death cer	signed by the attending	Health and Mental Hygi	ws any injury, or o	
HYSICIAN: The law req	his certificate has been	with the State Dept. of	ked, or item 23 sho	
E HOSPITAL DR ATTENDING F	E FUNERAL DIRECTOR: After t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	RTANT: If item 28 is mar	
H P	HT CT	be file	IMPO	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	MYRTLE	ODELL	1	RIERSON		January D	20, 19	3. TIME OF DEATH 08:20P M	
J	4. SOCIAL SECURITY NUMBER 215347582	5. SEX 6. A	GE (In yrs. last birthday) 79 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1910	BIRTHPLACE (State or Foreign Couple)	
	9e. FACILITY NAME (If not institution, give str 2122 LIBERTY GRO			96. CITY, TOWN COLORA	OR LOCATION OF DE	АТН	9c. COUNTY	Y OF DEATH	
	108. STATE 10b. COUNTY MARYLAND CECIL	1	-	y, town or locat	TION		10d. INSIDE CITY EIMITS? 1 ✓ YES 2 □ NO		
	100. STREET AND NUMBER 2122 LIBERTY GROV	E ROAD			21917		USA	N OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 V IF YES, GIVE WAR O	ES 2 NO	If yes, sp	ecify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	1	Black, White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY	
	UNKNOWN (0-12)	College (1-4 or 5+)	CLERICA	AL WORKE		MANUFA		IG .	
	17. FATHER'S NAME (First, Middle, Last) OILIVER WILLSON				LULA W				
	190. INFORMANT'S NAME (Type/Print) LOU ANN FRANK					BAJTIMORE		TAND 21220	
	20a, METHOD OF DISPOSITION 1	val from Stata	VESTOT	SITION (Name of central)	metery, cremetory or CEMETERY			y or Town, State MARYLAND 21917	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	//			UNERAL HOM		RYLAND 21911	
	shock, or heart failure. I	DUE TO OR	AS A CONSEQUENCE O	PIV 6	att Len	en de	Deror	Interval Between Poset and Deeth	
	PART II. Other eignificant condition	contributing to dea	th but not resulting	In the undarlyin	g cause given in	Part I. 24a. WAS AN PERFO 1 VES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outputlant 2 DOA	OTHER:	LACE OF DEATH (Ch				
	27. MANNER OF DEATH 1 Natural 6 Pending	28a. OATE OF INJU	JRY 28b, TIA	E OF 28c. IN.	JURY AT DRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCU	REO	
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	street, factory, offic	20	261. LOCATION (Street City or Town, State		Rural Route Number,	
	29a. CERTIFIER 1 CERTIFYING PHYSION 2 MEDICAL EXAMINE		The state of the s					l. cause(a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CONTIFIER	I X	fun	(29c. LICENSE NUI			SIGNED (Month, Day, Year) -22-90	
	30. NAME AND ADDRESS OF PERSON WHO SEE H G LANZ 31. DATE FILED (MONTH, Day, 1997) JAN 22 90		Bridge			MD 21	?Z/	o DHMH-16 Rev 1/86	

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10 INE NOTINE DA MILIADINA PRINCIPAR. THE GAT EQUIES HIS IN COMMISSION OF COMMISSION OF THE PRINCIPAL OF THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the busi	99	MEDOTANT: Hearn 28 is marked or item 23 shows any foliary or other traumatic event the medical araminar must be notified at once
5	TO	6	97
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	FOR 1 - STATE REGISTRAR	STATE OF I			T OF HEALTH AND	MENTAL HYGI	ENE	90 02590	
COMPLETED BY FUNERAL DIRECTOR	1. DECEOENT'S NAME (First, Middle, Last) Clara F.		Rosenberger		2. DATE OF DEATH MONTH January	DAY Y	3. TIME OF DEATH 1:35 P.M		
	4. SOCIAL SECURITY NUMBER 214-32-9062	5. SEX 1 M 2 X F	6. AGE (In yrs. last to	YRS. MONTHS		1	_O I	BIRTNPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give street and number) Memorial Hospital RESIDENCE OF DECEDENT			9b. Cl	9b. CITY, TOWN OR LOCATION OF DEATN Easton			9c. COUNTY OF DEATH Talbot	
		bot		East	on			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10a. STREET AND NUMBER 46 Tuckahoe, T 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	/illage	ED 1:	10f. ZIP CODE 216 3. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic	NIC ORIGIN? (Specify	U.S.	N OF WHAT COUNTRY? A . B. RACE — American Indian, Black, White, atc.	
	3 X Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade	CATION	MAR OR DATES 18a. DECI	EDENT'S USUAL	1 YES 2 NO Spec		BUSINESS/INDUS	Specify: White STRY	
	Elamentary/Secondary (0-12) Collega (1-4 or 5+) 3 Nurse medical								
BE	17. FATHER'S NAME (First, Middle, Last) William H. Fisher 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
10	Lea R. Chaires P O Box 230 Queen Anne MD 21657 20a. METHOD OF DISPOSITION 1/12/90 1 Burlet 2 (**Xeremetton 3								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Eastern Shore Crematorium Georgetown, DE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home Faston Maryland								
	23. PART I. Enter the diseases, or cahock, or heart fallure.	complications the			Easton, Ma		eaplratory arres	Approximata Interval Between Onset and Death	
	disease or condition resulting in death) a. Consequence on the contract of th								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):							Year	
PHYSICIAN: MEDICAL CER	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part is performed? Authorized 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 YES 2 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO YES 2 NO NO YES 2 NO NO YES 2 NO NO YES 2 NO YES 3 YES 3 YES 4 YES 5 NO YES 5 Y								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VIO 26. PLACE OF DEATH (Check only one) COTHER: 4 Nursing Home 5 Residence & Other (Specify)								
ED BY PH	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcide 6 Could not be 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED 28d. DESCRIBE NOW INJURY OCCURED								
COMPLETE	4 Nomicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, daeth occurred at the time, date and place, and due to the cause(a) and manner as stated.								
TO BE CO	296. SIGNATURE AND TUTLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 1008715 30. NAME AND ADDRESS, OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Rigo, Print)								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ODD JV

32. REGISTRAR'S SIGNATURE

Fina Davidson Andell

JAN 12 90

2160

Tailfas W Taign a

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TE	TOR.	200
RA	REC	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be an active to have the former and the complete of	the men whill it includes also deads with the case dept. Or recent and mental hydrox provides continued. Or recent and the medical examiner must be notified at IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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F	F	5 =

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events

BE COMPLETED BY FUNERAL DIRECTOR

2

FOR STATE REGISTRAR		STATE OF I	MARYL	AND / DEPAI CERTIF					MENTAL HYGIEN		9	0 0259
1. DECEDENT'S NAME (First				CLRIII	ICAIL	- 01	DEA		2. DATE OF DEATH			3. TIME OF DEATH
Catherine	Dret	sia Rid	dle						01 - 11		O YEAR	5:00 am
4. SOCIAL SECURITY NUM 220-26-7042	BER	5. SEX	6. AGE (in yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH 05 - 17 -	08	a. BIRTI	hPLACE (State or Foreign
9a. FACILITY NAME (If not is	estitution, give	atreet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH	9c. CO	UNTY OF D	
Sacred Hear		sing Hon	1e		Н	yati	tsvill	е		Pri	nce	George's
RESIDENCE OF DE	10b. COUNT	TY		10c CF	ry, TOWN C	OR LOCA	TION					10d, INSIDE CITY
Maryland	7.00	e George	e ^l s		lege							LIMITS?
10e. STREET AND NUMBER						10	1. ZIP COD	E		10g. Cl	TIZEN OF	WHAT COUNTRY?
9028 49th A	venue					2	20740			U	.S.A	
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 10		ti yes, sp		n, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	Blec	E — American Indien, ck, White, etc.
15. DEC (Specify on	EDENT'S EDI	JCATION le completed)		16a. DECEDENT'S	work done	CCUPATI during me	ON ost of working	าต	16b. KIND OF BU	SINESS/IN	DUSTRY	
8th Grade	0-12)	College (1-4 or 5	+)	Cashie	rse retired.)				Kipling	ers		
17. FATHER'S NAME (First, A Steven	fiddle, Last)	Dret	sia				16. MOT		ME (First, Middle, Meiden /unavail	,		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Numbe	or Rural	Route Number, City or Tow	n, State, Z	(ip Code)	
Richard J.	Urbar	ıy		100 (Queb	ec A	Ave.	Uni	t 1011, To	ront	to, C	Ontario, M6F
20a. METHOD OF DISPOSIT 1 X Burlal 2 Cremati 4 Donation 5 7	on 3 🗆 Ren	noval from Stata	20t	ort Line	oln (cem	eter	natory or			ood,	own, State Maryland
21. SIGNATURE OF PUMER	Service L	CENSEE			22. F	rane A	ND ADDRE	ss of FA	n's Sons F	une	ral H	Home, P.A.
23. PART I. Enter the cahock, or		complications the					ode of dy	ing, suc	h as cerdlec or reep	Iratory a		Approximate Interval Between
IMMEDIATE CAUSE (FI disease or condition resulting in death)	nal →	. te	MOR AS	consequence	1	ng	100	av	dopo	1	1	Onset and Death
Sequentially list condi	tions,	N	ea	CONSEQUENCE	Rel	w	e /		Chim	1		

reaulting in death) LAST PART II. Other significent conditions contributing to death but not specifying in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 8 ☐ Residence 6 ☐ Other (Specify)

DUE TO (OR AS A CONSEQUENCE OF):

27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) B Could not be determined 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s)

		G 2000	
96 SIGNATURE AND TITLE OF CERTIFIED	290 LICENSE NUMBE	9	29d. DATE SIGNED (Month, Day, Year)

PLETED CAUSE OF OBATH (ITEM 27) (Type Print)

nre 0

JAN 16 '90 32 MEGISTRAP'S SIGNATURE Julia Davidson-Randoll

DHMH-16 Rev 1/89

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DEATH		3. TIME OF DEATH
	ARTHUR	REINHO	T D			Janua	ry 5,	1990	1:25 PM
- 1	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			HPLACE (State or Foreign
	217-30-3421	†√ M 2	82 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day 2 27	1907	Pen	msylvania
e B	9e. FACILITY NAME (If not inetitation, give et Garland Road RESIDENCE OF DECEDENT	reet end number)	96		enton	ATH		aro1	
5					-				
2	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
5 I	Maryland	Caroline			Dento:	n			1 TES 2 NO
اب	10e. STREET AND NUMBER	_		10	f. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
VER/	Garland Road				216			.S.A	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, s	CENDENT OF HISPAN Hecify Cuban, Mexicar 3 2 3 NO Specify.	n, Puerto Ricar		Spec	E — American Indien, k, White, atc. ://y: Casian
0	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPATI	ON	16b, KIN	D OF BUSINESS/		
COMPLETED	(Specify only highest grade	completed)	(Give kind of world life. Do NOT use n	done during m	ost of working				
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	The state of the s	The same			T7		
8	H.S. grad.	none	Farmer				Far	ming	
ō I	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAI	ME (First, Middle	e, Maiden Sumame)	
0	Harvey	Aungst	Reinhold		В	ithia	h Ogg		
8	19e. INFORMANT'S NAME (Type/Print)			ORESS (Street	and Number or Rural R			Zin Code)	
2		. 7							1620
	Elma S. Reinho	1 d			Box 31-	A, De	7		
	20a, METHOD OF DISPOSITION 1-☑ Buriel 2 ☐ Cremation 3 ☐ Remo	wel from State	20b. PLACE OF DISPOSITI	ON (Name of ce	metery, cremetory or		20c. LOCATION	*	
	4 Donation 5 Other (Specify)	OVER FROM STREET	Denton C	emete	rv		Dento	n, M	lary1and
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)		22. NAME A	ND ADDRESS OF FAC	CILITY			
	- Jandolp	14. 4/00	ve)		re Fune ton, Ma				
	23. PART I. Enter the diseases, or o	complications that cau	sed the deeth. Do not						Approximate
	shock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Meta	ctatio	Pro	state	can	cer		Interval Between Onset and Death
	resolding in destity	DUE TO (OR	AS A CONSEQUENCE OF):	1					
PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF):						
2	CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF):						-
ERTI	that initiated events resulting in death) LAST	d							
2	DART II Oak a straitheast a saidh					-0.1	101.00		
A	PART II. Other significent condition	_ 1			ng cause given in	Part I. 24	PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
S	congest		t failur	-c		11	YES 2 4 NO		COMPLETION OF CAUSE OF DEATH?
	chronic	remal	failure						1 YES 2 NO
Σ			100111			- 1			1 123 2 110
Z									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.1	LACE OF DEATH (Ch	eck only one)			
S	1 YES 2 [1-NO	1 Inpatient 2 ER/			me 5 (Residence	6 Other (S)	pecify)		
PHY	27. MANNER OF DEATH 1 Per Netural 6 Pending	26s. DATE OF INJU (Month, Day, Ye		Y W	JURY AT ORK?	28d. DESCRI	BE HOW INJURY	OCCURED	
BY	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	IURY — At home, farm, stre (Specify)	et, factory, off	ce	28f. LOCATIO	ON (Street and Nun own, State)	nber or Rural	Route Number,
E I									
COMPLETED	Conson only		nowledge, death occurred nation end/or investigation,						(e) end manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	m ~).		29c. LICENSE NUI	- 43	29d. I	DATE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O			21629				1110
	P.O. Box 66				1 1 7 1				
			1182 1	V	160				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE On-Randelle	7	160				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. N	O.	
	1. DECEDENT'S NAME (First Hiddly Last) ES M.	REYN	OLDS	2. DATE OF DEATH	Ti 2	EAR 2/30 M
	212 34 5363 1 M 2 F 82	2 YRS. MON	UNDER 1 YEAR IF UNDER 24 H	(Month, Day, Year) Oct. 10.	1907 M	BIRTHPLACE (State or Foreign Country) [aryland
DIRECTOR	9a. FACILITY NAME (If not institution, give street and fumber) MERIDIAN NURSING HOME RESIDENCE OF DECEDENT	96.	SEVERNA PAR		9c. COUNTY	ARUNDEL
INE	10e. STATE 10b. COUNTY		OWN OR LOCATION			10d. INSIDE CITY LIMITS?
_	MARYLAND ANNE ARUNDEL 100. STREET AND NUMBER	AN	NAPOLIS 10f. ZIP CODE		10g. CITIZEN	1 X YES 2 NO
UNEHAL	1004 POPLAR AVE.		21401			d States
7	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	13. WAS DECENDENT OF HI If yes, specify Cuban, Mi 1 YES 2 NO S	xican, Puarto Rican, etc.)	es or No— 14.	.RACE — American Indian, Black, Whita, etc. Specify: White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during most of working	16b. KIND OF E	USINESS/INDUS	TRY
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+) 12	SECRE'		BLUE-C	ROSS/ B	LUE-SHIELD
5	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER	NAME (First, Middle, Maid		
N N	WILLIAM M. OWINGS 196. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	LEIC'	J. SIMMON		v(a)
2	MARGARET E. ELLIOTT		OPLAR AVE. A			21401
	1 😾 Burial 2 🗆 Cremation 3 🗆 Removal from State	other place)	N (Name of cometery, cremator)		OCATION — CITY	or Town, State
	4 Donation 5 Other (Specify)	EDAR BLUF	F CEMETERY 22. NAME AND ADDRESS O		NAPOLIS	MARYLAND
	· Robert & Evans	Bres	BEALL-EVAI	NS FUNERAL		.A. MARYLAND 2071
RIIFICATION	Sequentially list conditions b.	A CONSEQUENCE OF	A A A A A A A A A A A A A A A A A A A	auch as cardisc or res	4	t, Approximate Interval Between Onset and Death
CERIIL	that initiated events resulting in death) LAST	A CONSEQUENCE OF):				
MEDICAL	PART II. Other algnificant conditions contributing to death b	ut not resulting in ti	he underlying causa give	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHTSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	(Check only one)		
ź	1 YES 2 NO 1 Inpetient 2 ER/Out	patient 3 DOA 4	Nursing Home 6 Reside			
DY 70	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation	26b. TIME OF	M 1 YES 2 NO			
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY building, atc. (Spe	f — At home, farm, stree cify)	st, factory, office	281. LOCATION (Stre City or Yown, Sta		Rural Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my know one)					
O BE	296. SIGNATURE AND TITLESOF CHTIFIER	9	D 2	438	29d. DATE S	IGNED (Month) Day, Year)
	MICHAELJILATENTA MO		GIODINGS A	HE ANN	APOLIS	Md 21401
	JAN 18 90 July Davidson-Ray					

REG. NO.

1 - FOR STATE REGISTRAR

JAN 17 '90

2

Physician

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)700

	1. DECEDENT'S NAME (First, Middle, Last)	Pauline	Margar	et RC	BERT	S			2. DATE OF D	EATH DA		YEAR 3	. TIME OF DEATH
	Pauline M	Roberts							1-17		N. T.	TEAH	1:35 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF B			6. BIRTHPL Country)	ACE (State or Foreign
	214-09-6426	1 🗌 M 2 🖾 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.4,		5 1	Cenne	ssee
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH			TY OF DEA	
DIRECTOR	Coffman Home for	the Agin	g		Hage	erst	own				Wash:	ingto	n
딥	10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN O	R LOCAT	ION					1	Dd. INSIDE CITY
18	Maryland Washi	ngton			gers								LIMITS?
اد	10e. STREET AND NUMBER	ngton		Па	gers		ZIP COD	E			10a. CITIZ		AT COUNTRY?
à	111 Englewood Roa	d				21	740				USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT				AS DECI	ENDENT (HC ORIGIN? (Sp			14. RACE -	- American Indian,
-	1 Never Merried 2 Merried	FORCES? 1	YES 2 XI	NO			2 NO		n, Puerto Rican	, etc.)		Black, \ Specify:	White, etc.
ВУ	3 Widowed 4 Divorced	C 117									l	whit	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	ECEDENT'S Give kind of a b. Do NOT us	USUAL OC	CUPATIO	M at of worki	ng	16b. KINI	OF BUS	INESS/INDU	STRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5 +	,										
M	17. FATHER'S NAME (First, Middle, Last)		S	heet	meta.	L Wo			air ME (First, Middle				
								ie W		, Maiden	Sumame)		
BE	Charles E. White 19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS				Route Number, C	lty or Tow	State Zio	Codel	
일	Leonard A. Robert	S							lagerst	-			0
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (No.	ne of cen	netery cree				CATION C		
	↑ Burial 2 ☐ Cremation 3 ☐ Rem	oval from State	Rest I	Haven	Ceme	eter	У			Hag	ersto	wn,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		4		22. N	NAME AN	D ADDRE	SS OF FA	CILITY L HOME		-		
	· Scott	Men	neat	2							ersto	wn,	Md. 21740
	23. PART I. Enter the diseases, or shock, or haert failure.				not enter	the mo	de of dy	ing, auc	h aa cerdiec	or reapi	ratory arri	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel												Onset and Death
	disease or condition reaulting in death)	Cardi	ac Asy	tole	9								5 min.
			OR AS A CONSE		•								
NO	Sequentially list conditions,	Arter	ioscle	roti	c he	ear	t d:	isea	se				unk.
I A	if any, leeding to immediate cause. Enter UNDERLYING	Senil			. ,.								unk.
1 2 1	CALLOR (DI												
上	CAUSE (Disease or injury that initiated events	G	OR AS A CONSE	OUENCE O	F):								QIII.
RTIF		G		OUENCE O	F):								dir.
CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSE			75.491.			nav Ia				
	that initiated events resulting in death) LAST PART II. Other aignificent condition	d.	OR AS A CONSE	resulting	in the un	derlying	cause	given In	Part i. 24a	. WAS AN	AUTOPSY MED?	A	FERE AUTOPSY FINDINGS
	PART II. Other algorificent condition Stag Horn c	d	deeth but not	resulting	in the un	derlying] cause	given In			MED?	A	PERE AUTOPSY FINDINGS
MEDICAL	that initiated events resulting in death) LAST PART II. Other aignificent condition	d	deeth but not	resulting	in the un	derlying	Cause	given In		PERFOR	MED?	a c	FERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE
MEDICAL	PART II. Other algorificent condition Stag Horn c	d	deeth but not	resulting	in the un				10	PERFOR	MED?	a c	PERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	PART II. Other algnificent condition Stag Horn of Psychoneuro	d. alculus Sis, se	deeth but not left vere	resulting kio	in the unc	26. PL	ACE OF E	DEATH (Ch	1 [PERFOR	MED?	a c	PERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
MEDICAL	PART II. Other algorificent condition Stag Horn c Psychon@ro 28. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (d	deeth but not left Vere	resulting kio	OTHER	26. PL	ACE OF E	DEATH (Ch	10	PERFOR	MED? ≥ NO	1	PERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL	PART II. Other algnificent condition Stag Horn C Psychoneuro 25. Was case referred to Medical EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH W Netural 6 Pending	DUE TO (d. alculus sis, se	deeth but not left Vere	resulting kio	in the unc	26. PL i: ing Hom 28c. INJ WO	ACE OF E	DEATH (Ch	eck only one) 6 □ Other (Sp	PERFOR	MED? ≥ NO	1	FERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other aignificent condition Stag Horn C PSychoneuro 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH VANEUR 6 Pending Investigation 3 Suicide 8 Could not be	DUE TO (d	deeth but not left vere ER/Outpetlemt: INJURY y, Year)	resulting kic	In the unit of the	26. PL l: ling Hom 28c. INJ WO 1 \(\)	ACE OF E	DEATH (Ch	eck only one) 6 Other (Sp 26d. DESCRIB	PERFOR YES 2 BEHOW I	MED?	A C C C C C C C C C C C C C C C C C C C	FERE AUTOPSY FINDINGS WALLABLE PRIOR TO OWNLETION OF CAUSE F DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent condition Stag Horn C Psychoneuro 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH W Netural 6 Pending Investigation	DUE TO (d	deeth but not left vere ER/Outpatient:	resulting kic	In the unit of the	26. PL l: ling Hom 28c. INJ WO 1 \(\)	ACE OF E	DEATH (Ch	1 [ceck only one) 6 Other (Sp 26d. DESCRIE	PERFOR YES 2 BEHOW I	MED?	A C C C C C C C C C C C C C C C C C C C	FERE AUTOPSY FINDINGS MALABLE PRIOR TO OWNETION OF CAUSE F DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other aignificent condition Stag Horn C Psychon&Uro 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (d	deeth but not left vere ER/Outpatient : injury y, Year) Finjury — At hete. (Specify)	resulting kic 3 □ DOA 26b. TIM IN.	OTHER 4 C Nurse IE OF JURY M	26. PL i: iing Hom 28c. INJ 1 1	ACE OF I	DEATH (Chi	eck only one) 6 Other (Sp 26d. DESCRIE 20f. LOCATIO City or To	PERFOR YES 2 ecify) BE HOW I	MED? NO NJURY OCC	URED OF Rural Root	FERE AUTOPSY FINDINGS WALLABLE PRIOR TO OWNLETION OF CAUSE F DEATH? YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent condition Stag Horn C PSychoneuro 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH UN Netural 6 Pending Investigation 3 Suicide 6 Could not be datermined	DUE TO (d	deeth but not left Vere ER/Outpatient: injury y, 'ber' Finjury — At hete. (Specify)	resulting kic DOA 28b. TIM IN. ome, farm,	OTHER 4 CONTROL STREET, factor and at the the	26. PL 1: 1: 1: 26c. INJI WO 1 _ \text{V}	ACE OF E	DEATH (Chresidence	eck only one) 6 Other (Sp 2ed. DESCRIE 2el. LOCATIO City or fo	PERFOR YES 2 ecity) BE HOW I	NJURY OCC	URED OF Rural Root	TERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other aignificent condition Stag Horn C Psychon&Pro 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH X Natural 6 Pending Investigation 3 Suicide 6 Could not be datermined 299. CERTIFIER (Check only)	DUE TO (d	deeth but not left Vere ER/Outpatient: injury y, 'ber' Finjury — At hete. (Specify)	resulting kic DOA 26b. TIM IN. orne, farm,	OTHER 4 & Nurse LE OF JURY M street, factored at the flicon, in my or	26. PL i: ling Hom 26c. INJ WO 1 1 1	ACE OF E	DEATH (Chresidence	eck only one) 6 Other (Sp 26d. DESCRIE 28f. LOCATIO City or Fo to the cause(s time, date and	PERFOR YES 2 ecity) BE HOW I	NJURY OCC	URED Or Rural Root d. cause(e) 4	TERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO

145 W. Washington Street, Hagerstown, Maryland 21740

22. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

29d. DATE SIGNED (Month, Day, Year)

1-17-90

No.

Gal Hand

1 0 12 12

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	CTATE OF MA	DVI AND /	DEDADT	MENT C	ne ui	EAITH AN	ID ME	ENTAL HYGIEN		20	02595
	1 - STATE REGISTRAR	STATE UF WIA					DEATH		REG. NO.	<u> </u>		
	1. OECEDENT'S NAME (First, Middle, Lest) Briar	n		Ship	р			2	MONTH 9-90	W	WEAR	TIME OF DEATH 8:48AM M
		5. SEX 8	AGE (In yrs. les		IF UNDER 1 Y	YEAR DAYS	IF UNOER 24 H HOURS M	IRS. 7.	1 2 - 29 - 6 ()	Country)	ngtonD.C
OR	90. FACILITY NAME (If not Institution, give stress 8000 Block Rt. 4						ver	OF DEAT	Н		nty of deat	orges Co.
UNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Princ	e Georg	e	10c. CITY,	TOWN OR I	LOCATI	ON				1	d. INSIDE CITY LIMITS? XYES 2 NO
ERA	100. STREET AND NUMBER 9202 Rolling Vi						ZIP CODE 0706				.S.A.	T COUNTRY?
(b.	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI	YES 2 V	RMED NO	If y	es, ape		axican, f	ORIGIN? (Specify Yea Puerto Rican, alc.)	or No—	14. RACE — Black, W Specify: Whit	American Indien, hita, atc.
COMPLETER BY	15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)		18a. Dt (G life	Roof	rk done duri retired.)	UPATIO	N t of working		166. KIND OF BUS		ction	
BE CON	17. FATHER'S NAME (First, Middle, Last) James H. Ship	р				_	Kathe	eri	(First, Middle, Maiden ne Morri	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) James H. Ship	p (Fath							ite Number, City or Tow r., Lanh			706
	20e. METHOD OF DISPOSITION 1 XBurtel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specily)	val from State	other p	lace)			etery, cremator		m Sui		nd. M	
	31. SIGNATURE OF EMPERAL SERVICE LICE	Hons	1-	-	22. NA 901	L 3	Annar	of Facili	TY RENDOM	I-HA	LE FU	NERAL HO
U.S.	23. PART I. Enter the diseese, or co shock, or heart failure. L	ommisetions thet	ceused the de a On aach line	eath. Do no	t enter th		m MI te of dying,	euch e	20706 se cardiec or reep	ratory er	rrest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition recuiting in death)	MULTIPLE										Onset and Death
TION	Sequantielly liet conditions, if any, leading to immediate		OR AS A CONSE									
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST	DUE TO (C	OR AS A CONSE	OUENCE OF)	:							
ا بـ	PART II. Other eignificant conditions	contributing to d	eath but not	reculting in	the unde	eriying	ceuee give	en In Pa	24a. WAS AN PERFOR	RMED?	AN CC OI	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? [KYES 2 NO
PHYSICIAN: MEDICA		HOSPITAL:	ER/Outpatient		OTHER:		ACE OF DEAT		k only one)	SCEN	VE	
ВУ РН	27. MANNER OF DEATH 1 Neturel 5 XPending 2 XAccident Investigation	28. DATE OF II (Month, Day 1-9-90	; Year)	8:45	RY A M	8c. INJU WOI 1 Y	RK? ES 2 N	o PI	EDESTRIAN	STR	UCK BY	TRAIN
ED	3 Suicide 8 Could not be determined	building, a	INJURY — AI h	unia, rarm, st	THE THE TOP	y, office		I	tef. LOCATION (Street City or Town, State) LANHAM, P	G. G.	BLK MA	RYLAND
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC								the cause(a) and me me, data end placa, ar			nd menner as stated.
	296. SIGNATURE and TITLE OF SERVICES	hode	A.)			29c. LICENS		ER	29d. DA	TE SIGNED (M	onth, Day, Year)

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randall

111 Penn Street, Baltimore, MD 21201

3. TIME OF DEATH

3:53

a. BIRTHPLACE (State or Foreign Country)
Wash. DC

10, 1990

9c. COUNTY OF DEATH

1913

REG. NO.

2. DATE OF DEATH DAY

January

7. DATE OF BIRTH (Month, Day, Year)
Feb. 16,

3 should

DIVISION OF VITAL TILLOGETH Certificate be executed within 70 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 70 THE HOSPITAL DR ATTENDING PHYSICIAN and completely an opposite that the attending physician and completely completely and completely completely and completely comple

2,3	TOR	Frederick	Memoria	l Hospital	1	Fr	ederick			Fre	deric	<	
. Pages 1,	DIRECTOR	10a. STATE Maryland	10b. COUNTY	George's		c. city, town Riverd						I. INSIDE CITY LIMITS? YES 2 NO	
alt permit	RAL	100. STREET AND NUMBER 6423 Taylor					10f. ZIP CODE 20737				EN OF WHAT	COUNTRY?	
burial-transit permit. Pages	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Diver	Merried 12	. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	I U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 2 NO If yes, specify Cuben, Mexican, Puerto Rican, stc.)							
	Œ		EDENT'S EDUCATI highest grade con		(Give kir	ENT'S USUAL on	during most of working	16	b. KIND OF BUS	SINESS/IND			
	COMPLETED	Elementary/Secondary (0- 12th		college (1-4 or 5+)	Illa. Do A	ewife			Owr	Hon	ne		
a a	ш	17. FATHER'S NAME (First, Mic Patrick Mc		h				R'S NAME (First, Costel	Middle, Melden	Surname)			
page 5 should t be notified	TO B	19a. INFORMANT'S NAME (7) William J. S					S (Street end Number of					737	
ector, page must be		20e. METHOD OF DISPOSITI	ON 3 Removal	from State	b. PLACE OF D	ISPOSITION (lame of cometery, cremet	ory or	20c. LO	CATION —	City or Town,		
e funeral dire		21. SIGNATURE OF FUNERAL			7	F	NAME AND ADDRESS RANCIS C 739 Balt.	OF FACILITY ASCH!	S SON	S FU	NERA	L HOME	
completely filled in by the sal, cremation, or remova event, the medical		23. PART I. Enter the di- ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert fellure. Lis	plicatione that cause t only one cause on o	d the death. sech line.	Do not ente		g, such as ca	rdiac or reapi			Approximata interval Between Onset and Death	
ending physician and of Hygiene prior to buring or other traumatic	CERTIFICATION	Sequentielly list conditi- if any, leading to imme- cause. Enter UNDERLYI CAUSE (Disease or inju- that initiated events resulting in death) LAS'	fieta NG ry c	DUE TO (OR AS		ICE OF):						2 DM1	
signed by Health and ws any I	MEDICAL		UZE	PUlmo	n An	H'LUM	6		24a. WAS AN PERFOR 1 YES 2	RMED?	CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
certificate has been the State Dept. of 1, or item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	OSPITAL:	(4')	ОТН	26. PLACE OF DEA	ATH (Check only	one)				
S # S	Y PHYS		Pending reveatigation	26a. DATE OF INJURY (Month, Day, Year)		b. TIME OF INJURY	28c. INJURY AT WORK?	28d. D	EŞCRIBE HOW I	NJURY OC	CURED		
TOR: After des 28 is m	ED B	3 Suicide 5	Could not be determined	25e. PLACE OF INJUR building, etc. (Spe	Y — Al home, (farm, street, fa	ctory, office	251. LC	CATION (Street by or Town, State)	end Number	or Rural Route	Number,	
30 =	COMPLET	anal	- 73	N: To the best of my known								d manner as stated.	
TO THE FUNERA be filed within 7 IMPORTANT:	TO BE C	29b. SIGNATURE AND TITLE	4		NO			SE NUMBER	2	29d. DAT	- 4	onth, Day, Year)	
)	F	30. NAME AND ADDRESS OF	MEI	4.4	EATH (ITEM 27)	(Type, Print) 516	TRAIL	AVE	/ FME	NEI	V14,	mo 2170	
		31. DATE FILED (Month, Day,	30	32 REGISTRAR'S SIG	MATURE Manda	02							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (in yrs. last birthday)

YRS.

76

1 M 2 XF

Margaret Frances McDonough Stamler
4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 577-18-3949 9e. FACILITY NAME (If not institution, give street and number)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BALTIMORE, MARYLA hours after death. Page 6 may be retained by

DHMH-16 Rev 1/89

of atta	Sise		
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hears	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BALTIMORE, MARYLANG 21203 3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAN											
	1. DECEDENT'S NAME (First, Middle, Last)						_	2. DATE OF I	DEATH	v	YEAR	3. TIME OF DEATH
	ROGER Lee	STORM	Sr.					01	08	1990)	6:40 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest	birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF E	HTH		S. BIRTHE	PLACE (State or Foreign
	218-07-0224	1 🔲 M 2 🗆 F	72	YRS.	MONTHS E	DAYS	HOURS MIN.	(Month, Da	7 19	17	BAI 7	
	9e. FACILITY NAME (If not institution, give stre	net and number)	16		9h CITY T	OWN O	R LOCATION OF DE		/ 19		TY OF OE	
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2	G.B.M.C6701 N.	CHARLES S					TOWS	711		BA	_T0	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	, TOWN OR	LOCAT	ION					10d, INSIOE CITY
#	MARYLAND BALTIM	ORF		180	17 RTI	GE	WAY AVEN	HE LUT	HERV	THE	мп	LIMITS?
	10e, STREET AND NUMBER	ONL		100	77 1111	_	ZIP CODE	00,001	112111			HAT COUNTRY?
FUNERAL	1807 RIDGEWAY AVE	MILE					1093				USA.	
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B	3 Wildowed 4 Divorced	IF YES, GIVE WAR	WW- II		1 [YES	2 NO Specify				Specifi	
	15. DECEOENT'S EDUCA			'EDENT'S	USUAL OCC	LIBATIO	M	105 VIII	D OF BUIL	INESS/IND	WHII	E
H	(Specify only highest grade of	ompleted)	(GA		vork done dur			100. KIN	U OF BUS	INESS/INU	USTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)						Co		actio		
″≌	10		Su	erir	ntende	ent					711	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA		_			
BE		Henry Sto						Emma	,	2		
2	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural F					
-	Mrs. Edith D. Stor	m	1	807 .	Ridge	way	Ave., L	utherv	ille	, Md.	. 21	1093
	20e METHOD OF DISPOSITION 1 The Burlet 2 Cremetton 3 Remove	cal from State	20b. PLACE C	col			netery, crematory or				City or Tov	
	4 Donation 5 Other (Specify)	THE TIOM STATE		Eve:								1d. 21048
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE //			22. NA	ME AN	D ADDRESS OF FA	CILITY Eck	hard	t Fin	neral	Chanel
	► ЫД 5 //	1. 14						Out	nes	Mill	e Mo	21117
	179° 200	union										
	23. PART I. Enter the diseases, or co ehock, or heert failure. Li				ot antar tr	ie mo	de of dying, suci	n as cardiac	or respi	ratory an	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel											Onset and Death
	disease or condition resulting in death)	CARDIAL DUE TO (O	RESPI	RATO	RY ARI	RES	T					
		DUE TO (O	R AS A CONSEC	UENCE O	F):							
z		CAD										
\circ	Sequentially list conditions, If any, leeding to immediate	C.A.D.	R AS A CONSEQ	UENCE O	F):							
Ξ	cause, Enter UNDERLYING	CVA										
CATIC	CALICE (Disease or Island	1 W A	R AS A CONSEC	UENCE O	F):							
IFICATION	CAUSE (Disease or Injury c. that Initiated events	C. V. A										
ERTIFICATION	CAUSE (Disease or Injury C.	DUE TO (O										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST			- dat-				B-41 In			1.00	
AL CERTIFICATION	CAUSE (Disease or Injury c. that Initiated events			esulting	In the und	eriyinç	cause given in	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST			esulting	In the und	eriyinç	g cause given in			MEO?	24b.	
MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST			esulting	In the und	eriyinç	g cause given in		PERFOR	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST			esulting	in the und	eriyinç	j cause given in		PERFOR	MEO?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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3. TIME OF OEATH

1:45

YEAR

90

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Wood

Gregory

•	after	44
	HOURS	4 4 4 4
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6,	within	4-4-4
1314	xecuted	
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3ECO	requires	
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Z	The	
FVI	SICIAN:	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
5	OR.	

2

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1 YE		IF UNDER 24 HRS.	7. DATE OF BIRTH			CE (State or Foreign
2 7	si .	212-58-5656	1 🔀 M 2 🗆 F		39 YRS.	MONTHS DA	WS.	HOURS MIN.	(Month, Day, Year) 6/14/5	o I	Mar	vland
		9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	WN O	R LOCATION OF DE			TY OF OEATI	
n)	8	Rt. 2, Box 144,	Bloomer	y Rd.		Fed	era	alsburg		Ca	rolin	e
r /	5	RESIDENCE OF DECEDENT								1 00		
\checkmark	DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OR L					100	I. INSIDE CITY LIMITS?
4	ā	Maryland Car	coline		Fe	deral	sb	urg			1 [YES MENO
реш	AL.	10e. STREET AND NUMBER					101.	ZIP CODE		10g. CITIZ	ZEN OF WHAT	COUNTRY?
nsit	E	Rt. 2, Box 144	1					21632		U.	S.A.	
retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. notified at once.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN						HC ORIGIN? (Specify Ye	s or No-	14. RACE — . Black, Wi	American Indian,
Phy		1 Never Merried	FORCES?	WAR OR DATES				NO Specify	n, Puerto Rican, etc.)	l l		White
offing S the	BY	3 Widowed 4 Divorced	1968-	1970								
atter	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	161	(Give kind of	work done durin			18b. KIND OF BU	JSINESS/IND	USTRY	
for 1	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	iife. Do NOT u		9		27./			
ched	A P	12th			DI	sable	d		N/	A.		
the h detac	8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)		
2 P P P	ш	Vernon W. Stu	ıll, Jr					Helen	M. Coal	e Stu	111	
5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	treet e	nd Number or Rural I	Route Number, City or To	wn, State, Zip	Code)	
e 5 e	F	Sheila S. Stul	.1		Rt.	2, B	ox	144, E	ederals	burg.	MD	21632
ray be		20e. METHOD OF DISPOSITION 3 Buriel 2 Cremetion 3 Rem	ough from State	20b. PL				netery, crematory or			City or Town,	
e 6 may ector, p must		Donetion 5 Other (Specify)	IOVAII ITOMI STATE			Shore	V	eterans	Cem H	irloc	k. M	D
ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LI	-					ID AODRESS OF FA			burg	
death. Pag tuneral di I. examiner		> Michael 7	Gikow			Fr	am	ntom-Ha	wkins F			
the oval.		11.00.001	0		e deleti a		_	***				
Nours after death. Page 6 may be retained by the hospital or attending physician, bd in by the funeral director, page 5 should be detached for use as the burial-tran or removal. medical examiner must be notified at once.		23. PART I. Entar tha diseasea, or shock, or heart failure.				not enter the	e mo	da of dying, suc	h as cardiac of rea	piratory arr	est,	Approximate interval Between
y filled tition, or the m		IMMEDIATE CAUSE (Final										Onset and Death
		disease or condition reaulting in death)	a				our	nd to Hea	ad			
completely rial, cremati			DUE TO	(OR AS A CO	NSEOUENCE C	NF):						
e law requires that the death certificate be executed within has been signed by the attending physician and completely Dept. of Health and Mertial Hygiene prior to burial, cremat a 23 shows any Injury, or other traumatic event, it	2	Sequentially list conditions,	b									
ie be execute sician and c prior to buria traumatic	ERTIFICATION	If any, leading to immediate	DUE TO	OR AS A CO	NSEOUENCE C	NF):						ĺ
hysic price	2	cause, Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO	(OD 40 4 00	NOTOUTNOT O							
ertificating phy giene p	ËΙ	that initiated eventa reaulting in death) LAST	DOE IC	(UH AS A CO	NSEOUENCE C	r):						
ttendi	E		d									
The law requires that the death certificate be te has been signed by the attending physician ate Dept. of Health and Mental Hygiene prior is em. 23 shows any injury, or other traus.	2	PART II. Other significant condition	na contributing to	death but	not resulting	in the under	rlying	g cause given in		N AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
that the ded by the and any I	DICAL	_Schizophrenia								PRMED?		AILABLE PRIOR TO MPLETION OF CAUSE
igned igned igned igned									1 \(\overline{\pi} \) YES	2 NO		DEATH?
een sign of Hea	Σ								_		1 1	YES 2 NO
law las b Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL					00 84	AGE OF BEATH (C)				
e ste	2	EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch				
CIAN priffic the S	YS	1 X YES 2 NO	1 Inpatient 2						6 Other (Specify)			
PHYSICIAN: The this certificate his with the State street, or Item	PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending		Day, Year)	28b. Til	JURY	WO	URY AT	28d. DESCRIBE HOW			
NG PHYS fter this c eath with marked,	B	2 Accident Investigation	-, -,	90				YES 2 X NO	subject			
ENDI PR: A ter de		3 X Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. PLACE (, etc. (Specify)	At home, farm,	street, factory,	offic	•	28f. LOCATION (Street P. City on Town, prai	r and Number	B1 or	omerv Rd.
RECTO RECTO Ins after		To notice selections			home				Federalst	ürg,	Carol	omery Rd ine Co. Md
L OR ATTENDING P L DIRECTOR: After the Phours after death v	P	(Creck only	ICIAN: To the best of	f my knowledg	e, death occur	red at the time	, date	end place, end due	to the cause(a) and m	enner as stat	ed.	
HOSPITAL FUNERAL within 72 h	COMPLETED	one) 2 MEDICAL EXAMINI	ER: On the besie of	examination en	d/or investigati	on, in my opin	lon, d	leath occured at the	time, date end place,	end due to th	e cause(e) en	d menner as stated.
THE HOSPI THE FUNEF filed within PORTANT:		296. SHANATURE AND TITLE OF CERTIFIE	R					29c. LICENSE NU	MBER	29d. DAT	E SIGNED (Mo	onth, Day, Year)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifica be filed within 72 hours after death with the St IMPORTANT: If Item 28 Is marked, or It	BE	Marine 12	e Toll	U				OCME		•	1/1/9	20
FFA	0 1	100						COLLE		1	1/1/	/ \

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

in Davidson-Randell

Margarita A. Korell, M.D.

8 '90

31. OATE FILEO (Month, Day, Year)

JAN

111 Penn St

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Stull, Sr.

2. DATE OF DEATH

21201

Balto.

Md.

9	vithir
L RECORDS, P.O. BOX 13146,	executed v
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. BC	utificate
O	23
4	death
S	the
분	that
8	res
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-	WE
Z	The
OF VITAL	PHYSICIAN:
DIVISION	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
=	OR N
7	SPITAL

- 1	1. DECEDENT'S NAME (First, Middle, Last)	N.,., 5	1			2. DATE OF DEATH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		ANDER	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign
			48 YRS.	WONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)
	577-56-4249 9a. FACILITY NAME (If not Institution, give stre	****	40 '''	Ob CITY TOWN	OR LOCATION OF	July 17,		ashington, D
œ	SOUTHERN MARYLAND		Numb				VC. COUNT	T OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	GOSBITAL CE	NTER	CII	nton Md	20735	Р.	G. COUNTY
REC	10a. STATE 10b. COUNTY		10c. CI1	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
		rles		Waldor	f			1 YES 2 NO
M	10e. STREET AND NUMBER			1	Of. ZIP CODE		-	N OF WHAT COUNTRY?
FUNERAL	Rt. 228, Box 141				20601		U.	S.A.
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES				ANIC ORIGIN? (Specify can, Puerto Rican, etc.)		I. RACE — American Indian, Black, Whita, etc.
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YE	S 2 X NO Spec	olly:		Specify: White
ED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF	BUSINESS/INDUS	
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)		work done during n				
PL	11	conega (1-4 of 5 +)	Accour	nting De	pt.	Reta	il Stor	e
COMPLET	17. FATHER'S NAME (First, Middle, Lest)					IAME (First, Middle, Mail		
ш	Lewis Webster (reel. Sr.			Lu	cille Mer	vel McC	lammer
00	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	G ADDRESS (Street		al Route Number, City or		
5	Karen Creel		Rt. 2	228. Box	141. Wa	ldorf, Ma	rvland	20601
	20a, METNOD OF DISPOSITION 12-Burlal 2 Cremation 3 Ramon	20b	PLACE OF DISPO	SITION (Name of o	emotoni ommetoni o		LOCATION CH	
	4 Donation 6 Other (Specify)	val from State	other place) Bethe	el Cemet	ery	A	lexandr	ia, Virginia
	21. SIGNATURE OF FUNETIAL SERVICE LICE	1/1		22. NAME	ANO ADDRESS OF	alas Fune	ral Hom	0
	· Lesynole	tal .	1/	616	O Oxon H	ill Rd.	Oxon Hi	11. Md.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE O	M	0			
SER	C							_ i
MEDICAL	PART II. Other significant conditions	contributing to deeth b	ut not resulting	In the underly	ng cause given i	PER	AN AUTOPSY FORMED? 3 2 64 NO	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
÷ l	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF GEATH	Check only one)		
CIAN								
SICIAN:	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	ome 5 🗆 Residenc	8 Other (Specify)		
Y PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH PM Netural 5 Pending	HOSPITAL: 100 Inpatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	28b, TII	OTHER: 4 Nursing No. ME OF 28c. II	NJURY AT VORK?	8 Other (Specify) 26d. DESCRIBE HO	W INJURY OCCU	RED
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF GEATH	19 Inpatient 2 ☐ ER/Outp 28a. DATE OF INJURY	28b, Til	OTHER: 4 Nursing No ME OF JURY M 1	NJURY AT VORK?	26d. DESCRIBE HO	set and Number or	RED Rural Route Number,
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH DATE Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Specials)	— At home, farm,	OTHER: 4 Nursing No ME OF 28c. II JURY M 1 street, factory, of	NJURY AT WORK? YES 2 NO No No No No No No No No No	26d. DESCRIBE HO 26f. LOCATION (Str. City or Town, S	met and Number or late)	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH P Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Specials) 1AN: To the best of my know 1: On the basis of examination	28b. Til North Parm, 18 Parm,	OTHER: 4 Nursing Note ME OF 28c. If JURY M 1 street, factory, off	NJURY AT WORK? YES 2 NO No No No No No No No No No	26d. DESCRIBE HO 26f. LOCATION (Str. City or Town, S us to the cause(s) and he time, data and place	manner as stated	Rural Route Number,
E COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH C Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Specials) 1AN: To the best of my know 1: On the basis of examination	28b. Til IN — At home, farm, city) ledge, death occur in and/or investigat ATA (TEM 27) (Typ)	OTHER: 4 Nursing No. ME OF 28c. If JURY M 1 street, factory, off red at the time, da ion, in my opinion, e. Print)	NJURY AT YORK? YES 2 NO Note and place, and did death occured at the state of the	26d. DESCRIBE HO 26f. LOCATION (Str. City or Town, S use to the ceuse(s) and the time, data and place UMBER	manner as stated	Rural Route Number, . cause(a) and manner as stat SIONED (Month, Day, Year)



DHMH-16 Rev 1/89

40, DALIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely file. To the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
JS, P.O. BOA 1314	the death certificate be executed	y the attending physician and col nd Mental Hygiene prior to burial,	Injury, or other traumatic e
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	PHYSICIAN: The law requires that	this certificate has been signed b with the State Dept. of Health ar	rked, or Item 23 shows any
DIVISION	TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limit by the formal period within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is man

	1. DECEDENT'S NAME (First	, Middle, Last)										OF DEATH			3. TIME OF DEATH
	BETTY A	NN SO	CHMIDT								J Z	N. 17	, 1	990	7:00 PM
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las	t birthday)		ER 1 YEAR	_	R 24 HRS.	7. DATE	OF BIRTH		6. BIRTI	IPLACE (State or Foreign
	216-30-3	581	1 🗌 M 2 💢 F		56	YRS.	MONTHS	DAYS	HOURS	MIN.			933		yland
	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. CIT	Y, TOWN	OR LOCAT	ION OF D		5 30 5	9c. COU	NTY OF	EATH
DIRECTOR	2247 FEE:		OAD				TA	NEY	TOWN				CA	RRO1	L
5	RESIDENCE OF DEC	10b. COUNTY	1			10c CITY	/ TOWN	OR LOC	ATION						10d. INSIDE CITY
Ĭ	MARYLAND	CARR						TOW							LIMITS?
	10e. STREET AND NUMBER	1	0111	_		IA	NET		Of, ZIP COD)F			10a CIT	IZEN OF	WHAT COUNTRY?
FUNEHAL	2247 FEE:		OAD						2178				log. on	USA	
ξ	11. MARITAL STATUS	DDI(I(12. WAS DECEDER	NT EVER I	N U.S. AR	MED	13				NIC ORIGI	N? (Specify Yea	or No-	14. RAC	E — American Indian.
	1 Never Married 2		FORCES?			Ю		If yes, a	s 2XXNO	an, Mexica	in, Puerto	Rican, atc.)		Blac Spec	k, White, atc.
5	3 Widowed 4 Dive	orced	11 12 21	III COMPANIE	20014				ZF-X		,				JCASIAN
	15. DEC (Specify on	EDENT'S EDU	CATION completed)		/Gi	CEDENT'S	vork done	e durina n	TION nost of work	ing	16	b. KIND OF BUS	INESS/INI	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Itte.	Do NOT us	e retired.	.)				א א משר	O M	A NITTI	FACTURING
COMPLEIED	10th				CEI	RAMI	CS	MOL						ANU	ACTURING
_	17. FATHER'S NAME (First, A		OMBGON									Middle, Melden			
L L	FREEMAN		OMPSON		Lan							E. FOG			
2			IIMTDM									nber, City or Town			21707
	JOHN LOU		HMIDI	Look		2247			R RC		TANI	EYTOWN			ZI/O/
	1V Burial 2 Crematic	on 3 🗆 Rem	oval from State		other pla	IELD					EME				D, MD.
	21. SIGNATURE OF THE PLANE PLA		CENSEE	[VV .	TIVE.	гегр									
	WX	. (Lude						AND ADDRE						LTIMORE ST
4	,,,,,	100	1						RAL						MD 21787
-	23. PART I. Enter the d shock, or h	liseaset, or c neart failure.	complications the List only one ce	at ceuse: Use on e	d tha da	ath. Do n	ot anta	ar tha m	oda of dy	ying, aud	ch as car	rdiac or respi	ratory ar	rest,	Approximata interval Between
	IMMEDIATE CAUSE (FI	nel	D		9	8	7 .	14							Onset and Death
	resulting in death)	\rightarrow	a. 1	21				/							3 month
			The second	OR AS	CONSE	DUENCE OF	():		0.0) n					1, 9
5	Sequentielly list condition		b. DUE TO	OR AS	A CONSE	DUENCE OF	F):		<u></u>	-0-					The same
HILICATION	If any, leading to imme cause. Enter UNDERLY	ING													
Ĭ	CAUSE (Disease or Injuted in Ities to Initiated events		DUE TO	OR AS	CONSE	DUENCE OF	F):								
	resulting in death) LAS	ST	d												
2	PART II. Other significa	ent condition	as contributing to	death h	out not r	neulting	In the I	underlyl	DO COURS	alven In	Part I	24s. WAS AN	ALITTOREY	24	D. WERE AUTOPSY FINDINGS
3				o doutin t	JOE HOL I	cauting		orradity:	ing coose	given in	rant i.	PERFOR		177	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	_											1 TYES	(∑ NO		OF DEATH?
Σ															1 YES 2 NO
AN	25. WAS CASE REFERRED 1	TO MEDICAL	_					26	PLACE OF	DEATH (C)	bank anti-	1			
2	EXAMINER?	TO MEDIONE	HOSPITAL:			_ no.	OTHE	ER:		/					
HYSICIAN	27. MANNER-OF DEATH		1 Inpatient 2	F INJURY	patient 3	28b. TIM	E OF	_	ome 5 TF	lasidence	Y	er (Specify)	NJURY OC	CURED	
7	1 Natural 6	Pending	(Month,	Day, Year)		INJ	IURY M	V	VORK?	□ NO					
1 2	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY	Y — At ho	ome, farm, :	street, fa					CATION (Street o	and Numbe	er or Rural	Route Number,
3	4 Homicide	determined	building	, atc. (Spe	icity)						City	y or Town, State)			
OMPLE	29a, CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	of my know	viedge, de	ath occum	ed at the	a time, da	te end plac	a. and du	to the c	euse(e) and mar	mer ee str	nted.	
M	one)														s) end manner ee stated.
0	29h. MONATURE AND TITL			_	00				-	CENSE NU					D (Month, Day, Year)
B		V -	Lib	(7)			29C. LIC	SENSE NU	MBCH			-18	
2	30 NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	USE OF DE	EATH IITE	M 27) (Type	. Print)	_					, 1	10	
	\\		ER, M.I					IGTO	N RO	DAD	WE	STMINS	STER	, M	D
	DONALD D 31. DATE FILED (Month, Day,	Year)												,	
	JAN 1	8 90	32. REGISTE	ia Dev	40001	-Mande	EEC.								

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ATE	CLO	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache has fauld within 72 hours after death with the State Bent, of Health and Mental Hoolene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
M	N C	=
OSP	JNE	E
E H	E F	H
TH	工事	5
\vDash	≥ 2	5 ==

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D

D G.B.M.C

32. REGISTRAP'S SIGNATURE

Fundamental Davidson Rendament

JAMES BIDDISUN,
31. DATE FILED (Month, Day, Year)

yo	•										9	0	0260
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT 0	F HEALTH	AND I	MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		YEAR	3. TIM	E OF DEATH
	LULA J. SLONAK	ER						0.1	1		90		0900A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTI	HPLACE	(State or Foreign
	219-07-4527	1 🗆 M 2 🖫 F	8	6 YRS.	MONTHS DA	HOURS	MIN.	11	16	100	Count		arvland
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE	EATH	1.0	9c. COU	NTY OF D		XI Julia
۳ ا	GREATER BALTIMO	DE MEDICA	I CENTE	n	TOW	CON				D	ALTI	MODI	_
DIRECTOR	RESIDENCE OF DECEDENT		IL CENTE							L D/	ALII		
2	10a, STATE 10b, COUNT				Y, TOWN OR L							10d. II	NSIDE CITY IMITS?
	V	imore		1	Reiste	rstown						1 🗆	YES 2 NO
AL I	10e. STREET AND NUMBER					10f. ZIP COL	E			10g. CIT	IZEN OF	WHAT C	OUNTRY?
BY FUNERAL	602 Church Rd.					2113	6			U:	SA.		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED		DECENDENT s, specify Cub			17 (Specify Yee	or No-	14. RAC	E — Am k, White	ericen Indian,
7	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 NO			riican, etc.)		Spec	effy:	
		<u> </u>	-		1							Wr	nite
三	15. DECEDENT'S EDU (Specify only highest grade		(G)	CEDENT'S ve kind of Do NOT u	WORK done during	PATION og most of work	ing	16b	. KIND OF BUS	SINESS/INI	DUSTRY		
۳	Elementary/Secondery (0-12)	College (1-4 or 5 +	·)		,			Ι.	. 07				
COMPLETED	2		1	douse	ewife				Home M		3		
	17. FATHER'S NAME (First, Middle, Leat)	Jefferson	Boslev				1		Middle, Maiden	Surneme)			
H	19e, INFORMANT'S NAME (Type/Print)								e Gill	-			
2	and the part of the second sec		196	002 (Church	Rd .	Reis	Route Num	town,	n, State, Zi	2113(6	
	Mrs. Joan Taylor							0020					
	29a. METHOD OF DISPOSITION 1- Burlel 2 Cremation 3 Rem	ioval from State	20b. PLACE other pla	of dispo	sition (Name	of cometery, cre	metory or	rv		cation — esvi.			
	4 Donation 5 Other (Specify)	CANGE	7	2/1		AE AND ADDR		CILITY					
	21, SIGNATURE OF FUNERAL SERVICE LI	00	AL		22. NAI	WE AND ADDR	ESS OF PA]	Eckhar				
	19 - y Ce	bland	er					(Owings	Mil:	ls, I	Md.	21117
	23. PART I. Enter the diseases, or	complications tha	t caused the da	ath. Do	not antar the	moda of d	ying, auc	h aa can	diac or reap	lratory si	rest,		Approximate
	shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cau	ise on aach iina										Interval Between Onset and Death
	disease or condition resulting in death)	CARDI	OPULMON/	ARY A	ARREST								
	resulting in deating	•-	(OR AS A CONSEC										
z		⊾ CHF											
일	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	OVENCE C	F):								
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	□ ISCHE	MIC_HEAR	RT D	LSEASE								
CERTIFICATION	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE C	F):								
H	reaulting in death) LAST	d										-	
	PART ii. Other aignificant condition	na contributing to	death but not r	esulting	in the unde	rlying cause	given in	Part I.	24e. WAS AN	AUTOPSY	24	b. WERE	AUTOPSY FINDINGS
EDICAL									PERFOR	L			ABLE PRIOR TO LETION OF CAUSE
9									1 TYES 2	NNO		OF DE	
Σ												1 📙	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1				26. PLACE OF	DEATH /C	hack only o	ne)				
SICIAN:	EXAMINER? ()	HOSPITAL:	7		OTHER:								
Σ	1 YES 2 NO 27, MANNER OF DEATH	26e. DATE OF	ER/Outpatient 3	26b, TII		c. INJURY AT	Residence		SCRIBE HOW I	IN HIRTY OF	YCIPED		
РНҮ	1 Natural 5 Pending	(Month, D			JURY	WORK?		200. DE	JUNIOL HOW	NOUNT O	JOHED		
BY	2 Accident Investigation	200 DI ACE C	OF INJURY — At ho				_ NO	285 1 00	CATION (Street	and Numbe	ne ne Orient	Pourte Al	la contra e
8	3 Suicide 6 Could not be 4 Homicide detarmined	building	etc. (Specify)	· · · · · · · · · · · · · · · · · · ·	street, rectory	, office			or Town, Stete		or Or Filores	riodie it	urnov,
<u>F</u>				-		· · · · · ·							
뒽	(Creck Offiy	SICIAN: To the best of											
COMPLET	2 MEDICAL EXAMIN	ER: On the basis of s	examination end/or	Investigati	on, in my opin	ion, death occ	ured at the	ime, dat	e end place, er	nd due lo	the cause	(e) end a	nanner as stated.
w	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LI	CENSE NU	MBER	1	29d. DA	TE SIGNE	D (Monti	h, Day, Year)
0 8	Jum 1	-1000					1)1	176			1/1	130	
ιÉΙ	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH /ITE	M 27) (5m	a (Delevi)						1 1		

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DING	After	death	s ma
TEN	STOR:	after	28 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinrours after death. Page 6 may be retained by the hospital or attendi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to	be filed within 72 hours after death with the State Dept. or Health and Memial Hygiene phor to bunal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	In 72	T. If
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10	H O	e file	MPO

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SATISM TUMANI
31. DATE FILEO (Morith, Day, Year)
JAN 1 8 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8926

WOODYARD ROAD

32. REGISTRAR'S SIGNATURE

JOSEPH R .	JOSEPH R		TEELE	, SR.			JAN 17	AY 1	YEAR 990	1:35PM
4. SOCIAL SECURITY NUMBER 187-01-0645	5. SEX 1 XX 2 - F	6. AGE (In yrs. la	et birthday) O YRS.	7		HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/18/1		8. BIRTHP Country) PA	LACE (State or Forei
SOUTHERN MARYLAN RESIDENCE OF DECEDENT		TAL CENT	ER		OWN OR LOCATION CLINTON	OF DEA		9c. COUNT	· COI	
MARYLAND CHARL	.ES			TY, TOWN OR L	LOCATION			4		IOd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					10f. ZIP CODE					IAT COUNTRY?
P.O. BOX 1512	12 WAS DECEDEN	T EVED IN II O A	BMED	10 140	20604		C ORIGIN? (Specify Ye		USA	
1 Never Married 2 Married 3 Wildowed 4 N Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V 1943-1	WAR OR DATES	NO	If ye	es, specify Cuben,		, Puerto Rican, atc.)	a or No-	Black, Specify	- American Indian, White, atc. WHITE
15. DECEDENT'S EDUC. (Specify only highest grade of	completed)	50	ECEDENT'S Give kind of a. Do NOT u	WORK done during the retired.)	JPATION ing most of working		16b. KIND OF BU	SINESS/INDU	ISTRY	
10TH	College (1-4 or 5		INUM	CATION	IS SPECIA	ALIS	ST US GO	VERNM	ENT	
17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Maiden	Surname)		
JOSEPH STEELE					JOSI					
								um State 7in i	Corde1	
19a, INFORMANT'S NAME (Type/Print) KATHLEEN STAHL				B, WHI			RT, WALDOF			ND 20602
	val from State	20h PLACE	3415	B, WHI	TE FIR	COUF	RT, WALDOF	RF, MA	RYLA lity or Tow	n, State
KATHLEEN STAHL 20. METHOD OF DISPOSITION 1 X Burlal 2 Cremetton 3 Remo		20h PLACE	3415	B, WHI DISTION (Name VETERA 22. NAI	Of cometery, cremeter OF CEMET ME AND ADDRESS	COUF ORY OF OF FACE	RT, WALDOR 200. LO CHE HLITY THE HUN	RF, MA CATION — C LTENH HTT FU	RYLA On Tow AM, I	n, Stata MARYLAND L HOME, I
KATHLEEN STAHL 20. METHOD OF DISPOSITION 1 IX Burlal 2 Cremation 3 Remo 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE CO 23. PART I. Enter the disease, or co shock, or heart failure. L IMMEDIATE CAUSE (Final	omplications that let only one can	20b. PLACE Other is MARYL It chused the/dr	B415 OF DISPO	B, WHI DISTION (Name VETERA 22. NAI P. 0 npt enter the	Of cometery, cremeter NS CEMETER OF AND ADDRESS OF BOX 15 of modes of dying	COUF ORY OF OF FACE 56, k	RT, WALDOR	RF, MA DEATION — C LTENHA HTT FU MARYLA	RYLA AM, I NERA ND 2	MARYLAND L HOME, I 0604-015 Approximate interval Bate Onset and I Admitt
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CATHLEEN STAHL TO METHOD OF DISPOSITION Burial 2 Cremetion 3 Remore Donation 5 Other (Specify) The Signature of Funeras Service of Shock, or heart failure. Let indicate the cause of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	R chursed the direction and th	eath. Do	P. O Roter the Corp. P. O Roter the Corp. P. O Roter the Corp. P. O Roter the Corp. P. O Roter the Corp. Roter the Corp. Roter the Corp. Roter the Corp. Roter the Corp. Roter the Corp. Roter the Corp. Roter the Corp.	ITE FIR (of cometery, cremet INS CEMET ME AND ADDRESS D. BOX 1! o mode of dying	COURTERY OF FACE	RT, WALDOR 20c. LC CHE HITTY THE HUN VALDORF, N ee cardiec or rasp RIC ARDIA	RF, MA CATION - C LTENH HTT FU MARYLA WITTER WALTOPSY RMED?	RYLA RYLA RYLA RYLA RYLA RYLA RYLA RYLA	MARYLAND L HOME, J 0604-015 Approximate interval Bet Onset and I A dun't Expirate 1.17.97 I.30pa
KATHLEEN STAHL 20 METHOD OF DISPOSITION 1 Merrial 2 Cremation 3 Remo 2 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE OF Service of Servi	DUE TO CONTRIBUTION TO THE T	A CONSE	eath. Do of Dispo and and of Dispo and and and and and and and an	P. O OF: In the under	ITE FIR (of cometery, cremet INS CEMET ME AND ADDRESS D. BOX 1! o mode of dying	COURT OF FACE	RT, WALDOR 20c. LC CHE HLITY THE HUN VALDORF, N ee cardiec or rasp RIC ARDIA PERFO 1 YES	RF, MA CATION - C LTENH HTT FU MARYLA WITTER WALTOPSY RMED?	RYLA RYLA RYLA RYLA RYLA RYLA RYLA RYLA	MARYLAND L HOME, J 0604-015 Approximate interval Bet Onset and I A dun't Expirate 1.17.97 I.30pa
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, SVITE 601, CLINTON, MD

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE O	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last) ,	_	6		2. DATE OF DE	ATH		3. TIME OF DEATH
MARSHALL	DEMAIN	SPRA	GUE	1 4 4 5	MONTH	DAY J 3	90	10-1300
SOCIAL SECURITY NUMBER 220-16-1080	5. SEX 6. AGI	E (In yrs. last birthday) 86 VRS.	IF UNDER 1 YEA		7. DATE OF BIF (Month, Day, OCT 9	TTH (Year) 1903	Count	HPLACE (State of Foreign Try) RYLAND
a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OF LOCATION OF D			UNTY OF	DEATH
WASHINGTON COL	UNTY HOSPITAL		HAG	ERSTOWN		W	ASHI	NGTON
OO. STATE 106. COUNTY FRE	DERICK		, town or lo EYMAR	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
12129 WOODSBORO	PIKE			101. ZIP CODE 21757		10g. C	U.S.	WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 3NO	If yes,	DECENDENT OF HISPAL specify Cuben, Mexico (ES 2 NO Specific	n, Puerto Rican,			E — American Indien, ok, White, etc.
15. DECEDENT'S ED (Specify only highest gra-		ille. Do NOT us	vork done during	most of working		OF BUSINESS/II		
7. FATHER'S NAME (First, Middle, Lest) SAMUEL MA	•	AGUE	0112	18. MOTHER'S NA		Melden Surneme BETH V	, VARNE	R
94. INFORMANT'S NAME (Type/Print) GLORIA DERN (DAU	GHTER)	19b. MAILING 10423	ADDRESS (Street	et end Number or Rural RIDGE RD.	Rocky , ROCKY	y or Town, State, RIDGE,	Zip Code) MD.	21778
0s. METHOD OF DISPOSITION ☐ Burial 2 ☐ Cremation 3 ☐ Re ☐ Donation 5 ☐ Other (Specify)	moval from State	other place) MT. TA		cemetery, crematory or		ROCKY H		
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	111.		E AND ADDRESS OF FA				Y & SON, P
1.	ALCOHOLD THE PARTY OF THE PARTY			E. MAIN S				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR AS	S A CONSEQUENCE OF	ia	With	eptic	S1	rock	2 15hr
PART II. Other significant conditi	one contributing to death	but not resulting	in the underl	ying ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	3Y 24	b. WERE AUTOPSY FINDIN MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			20	BI ACE OF DEATH IC	hack each each			
EXAMINER?	HOSPITAL:	utnetlant 2 🗆 DO4	OTHER:	L PLACE OF OEATH (C		o.M. d		
7. MANNER OF DEATH	28e. DATE OF INJUR	Y 28b. TIM	E OF 28c.	Home 5 Residence		cily) E HOW INJURY (OCCURED	
1 Natural 5 Pending Investigation	(Month, Day, Yea	n) INJ	M 1	WORK?				
2 Accident Investigation 3 Suicide 8 Could not be determined	28e PLACE OF IMIL	IRY — At home, farm, specify)	street, factory,	office	28f. LOCATION City or Tox	(Street and Num m, State)	ber or Rural	Route Number,
one)	VSICIAN: To the best of my kn MER: On the basis of examina				time, date end	place, and due to	the ceuse	(e) end menner as stated
n. NAME AND ADDRESS OF PERSON 1. DATAN 100 6 0 1390	WHO COMPLETED CAUSE OF M June 32 PEGISTRARIS June Deutstern		Print) Will	St. Hap	· stav	4 M	d	21740

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Should a		otified
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Sirector,		r must
r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac		examine
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	FOR									90	02601
	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR CERTIF					HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	LARO (D	JNY	dE	R		2. DATE OF	DEATH 16-1	990	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 215-36-6515	5. SEX 6. AGE (In yr.	s. last birthday) YRS.	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH 13-1	901	8. BIRTHP	LACE (State or Foreign
POR	Washington Co.				erst	OWN,	ATH			hing	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 108. STATE WAShi	ngton	CT.	ry, town o	Spri	ng,					10d. INSIDE CITY LIMITS?
EHAL	100. STREET AND NUMBER 155 Cumberlan	d Street				1722					HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X NO		If yes, speci	IDENT OF HISPAN Ify Cuben, Mexica NO Specify	n, Puerlo Rica		or No-	Black,	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 164 completed) College (1-4 or 5+)	Give Wind of We. Do NOT U	work done	during most	of working			/pro		ties
BE CON	17. FATHER'S NAME (First, Middle, Last) William Fie	ry Snyder				18. MOTHER'S NAI	ME (First, Mick Brev		-	mmeı	rs .
2	190. INFORMANT'S NAME (Type/Print) First National	Bank c/o Bet	ty K	edy	S (Street and	W. Wa	Shing	gton	State. Zip	Hag	gerstown,
	20s. METHOD OF DISPOSITION 1	ovel from State of	ACE OF DISPO	RO RO	se H	ill Ce	m.		cation — ear		
	21. SCHATURE OF MINERAL SERVICE LIC	ENSEE		22.	THEOM P.O.	pson for Box 3	unera 10 CI	al H Lear	ome, Spr	Inc	MD.21722
	23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List only one cause on each	a death. Do line.	not enter	the mode						Approximate interval Between Onset and Death
NO	Sequentielly list conditions,	DAIE TO COM AS A CO	INSEQUENCE O	OF):	en	lar	de	e	de	it	
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A CO	lera	tie	a	relia	voz	eul	ene	li	ease
CERT	resulting in death) LAST	d									+
PHYSICIAN: MEDICAL	PART II. Other significent condition	a contributing to death but r	not reaulting	in the ur	nderlying	cause given in		PERFOR	RMED?		WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (Ch	eck only one)			l.	
YSIC	EXAMINER?	HOSPITAL: Impettent 2 - ER/Outpette	mt 3 🗆 DOA	OTHE		5 - Residence	8 Other (S	Specify)			
ВУ РН	27. MANNER OF DEATH Netural 5 Pending 2 Accident	28s. DATE OF INJURY (Month, Day, Year)	28b. TH	ME OF IJURY M	28c. INJUF WORI 1 YE	K?	28d. DESCR	IBE HOW	NJURY OC	CURED	
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fac	tory, office		28f. LOCATI City or	ON (Street Town, State)		or Runal Ru	oute Number,
COMPLET	cont of the control o	CIAN: To the best of my knowledg									and manner as stated.
BEC	296. SIGNATION THE OF CERTIFIE	7			7	29c. LICENSE NUI	MBER		29d, DAT	E SIGNEO	(Month, Day, Year)
0	SOCHAMIN AND ADDRESS OF PERSON WH	COMPLETED CALLES OF OCCUT	- 11	My		DI	129			1/10	190

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Newman

1825

32, REGISTHAR'S SIGNATURE

Howell Rd. Hagerstown, MD.

George

M. Clate Filed (Month), Day, Yea

JAN 18 '90

21740

1 - STATE REGISTRAR	STATE UP MARTE			F HEALIM AI		NIAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	- 1, 1				2	DATE OF DEATH	AY	YEAR 3.	TIME OF DEATH
Evelyn H	, 5all 100	an					7		1228 m
4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YE		HRS. 7	. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	MCE (State or Foreign
213-09-9626A ¹	0 M 2 T F 8	9 YRS.	MONTHS DA	rs HOURS N	allei.	Sept. 16,	1900		land
9e. FACILITY NAME (If not institution, give street	it and number)		9b. CITY, TOV	VN OR LOCATION	OF DEAT	н	9c. COU	NTY OF DEAT	Н
Washington County	Hospital		Hage:	rstown			Was	shingt	on
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LO	CATION				1 10	d. INSIDE CITY
Maryland Washin	aton	100. 011	Hager					1	LIMITS?
10e. STREET AND NUMBER	gcon		Hager	10f. ZIP COOE			10e CIT	IZEN OF WHA	
916 Salem Avenue				217	740		109. 011	USA	
LI CONTRACTOR OF THE PROPERTY	2. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED				ORIGIN? (Specify Ya Puarto Rican, etc.)	s or No—	14. RACE — Black, W	American Indian, /hita, etc.
1 🕅 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	IF YES, GIVE WAR OR D			YES 2 X NO		, , , , , , ,		Specify:	White
15. DECEDENT'S EDUCAT (Specify only highest grade co.		18a. DECEDENT'S		PATION g most of working		16b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)				М	c .	•
12 years		Sec	cretary			Cement	Manu	ractui	ring
17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Maider			
Charles Walter Su	illivan	1			_	Burkhol			
19e. INFORMANT'S NAME (Type/Print)						ite Number, City or Tov			
John L. Sullivan				The second second		own, Mar			
20e. METHOD OF DISPOSITION 1 St Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		Rest Ha	aven Ce	d comotory, cromato emetery	ory or			town,	Maryland
21. SONATURE OF FUNERAL SERVICE LICEA	SEE, -			ald N.	OF FACIL	1th 30	5 N	Dotom	ac Street
Leurs 1.	runch			eral Ho					Maryland
23. PART i. Enter the diseases, or cor			not antar tha	mode of dying	, such a				Approximate
shock, or heart failure. Lie iMMEDIATE CAUSE (Final									Interval Between Onset and Death
disease or condition resulting in death) a.	Rupte	ue of t	Troraci	e aort	re	aneury	m		men
	ather	osclurat	ri UZ C	a dever	ancu	lu des	em		years
Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	P):						1
CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE O	nen.						-
that initiated events resulting in death) LAST	DOE TO (ON AS)	A CONSECUENCE O	л- 3.						į
d.,									1
PART ii. Other significant conditions	contributing to death i	out not resulting	In the under	lying cause give	an in Pa		N AUTOPSY		ERE AUTOPSY FINDINGS AILABLE PRIOR TO
						_ 1 _ YES		CC	OMPLETION OF CAUSE F DEATH?
								1	YES 2 NO
						_			
25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF OEA	TH (Check	k only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 Nursing	Home 5 - Resid	denca S	Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	WE OF 280	: INJURY AT WORK?	2	sd. DESCRIBE HOW	INJURY OC	CURED	
1 Naturat 5 Pending 2 Accident Investigation	(10000)			YES 2	NO				
3 Suicide S Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory,	office	2	Ref. LOCATION (Street City or Town, State	and Numbe	or or Aural Rou	te Number,
4 Homicide determined									
29a. CERTIFIER (Check only	AN: To the best of my know	viedge, death occur	red at the time,	data and place, ar	nd dua to	the cause(s) and ma	nner as sta	nted.	
one) 2 MEDICAL EXAMINER:	On the basis of examination	on and/or investigati	lon, in my opini	on, death occured	at the tir	me, date and place, a	nd due to t	he cause(s) a	nd manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENS	SE NUMB	ER	29d. OA	TE SIGNEO (M	lonth, Day, Year)
Harved RTulch	of mi)			D-1	1219	4	•	1-18	-90
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATH (ITEM 27) (Type	e, Print)				Λ		
HAROLD R T	nitch 3	~	111 ST	HAGO	CRST.	dun, M	d	2179	ho
JAN 18 '90	32, REGISTRAR'S SIGN	n-Randole							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within - hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ificate
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	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or at	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the state of	THE MINISTER IN THE MENT OF TH
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF I) / DEPAR					MENTAL	HYGIEN REG. NO		9	UU	260
1. DECEDENT'S NAME (First	, Middle, Last)			CLAIII	ICAIL	- OF	DEAI	<u> </u>	2. DATE C	OF DEATH			3. TIME OF	DEATH
Joseph	C.	Smith Sm	•						MONTH 1	- 2		90	41	19 Pm
4. SOCIAL SECURITY NUMBER		5. SEX		. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		8. BIRTH	PLACE (State	or Foreign
253-03-403	5	13 M 2 🗆 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.		22, :	1902	Countr	orgia	-
9s, FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE		227		INTY OF D		
Prince Geo	rge Ge	neral Ho	spital		Ch	ever	·1v				Dri	ingo	George	
RESIDENCE OF DEC	CEDENT		1								LIL	Liice	Georgi	=
Maryland	10b. COUNTY Prin	r ice Georg	e	10c. Ci1	Gree								10d. INSIDE	
10e. STREET AND NUMBER		÷				101.	ZIP CODE				10g, CI1	TIZEN OF W	HAT COUNT	RY7
22 Ridge R	load 7	+323					2077	0			Uni	ited	States	5
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED						(Specify Yes	or No-	14. RACE	- American , Whits, etc.	Indian,
1 Never Merried 2 4			MAR OR DATES				2 NO		in, Puerto Ri y:	ican, atc.)		Speci	fv:	
												<u> </u>	Whi	te
(Specify onl	EDENT'S EDU y highest grade	CATION completed)	16a	(Give kind of	work done	CCUPATIO during mos	N it of workin	g	16b.	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (f	0-12)	College (1-4 or 5		life. Do NOT u	,									
1				Accour	itant							rans	Admir	nistr.
17. FATHER'S NAME (First, M Charles		Smith							- 11	iddle, Maiden				
		SMITH						arie		Turr				
19a. INFORMANT'S NAME (or Rural	Floute Number	er, City or Tow	n, State, Z	ip Code)		
					ne as					-				
20a. METHOD OF DISPOSIT		oval from Stata	oth	CE OF DISPO			-					- City or To		
4 Donstlon 5 Other		PENGEF	Gre	enbelt			mete:		OII ITY	Gre	enbe	elt, I	Maryla	and
· Cone	lde	V. Par	ne	Hou	\	Bor	gwar	dt F	unera	al Hom		rille	, Md.2	20705
23. PART I. Enter the d	lleaases, Or	complications the	at caused the	daath. Do									Appro	ximete
shock, or h		List only one ce	use on each	iina.										ai Between
disease or condition			In	eur	uco	m	a						12	coceles
resulting in dasth)		DUE TO	(OR AS A CO									_	-	
													ļ	
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	DUE TO	(OR AS A COR	SEQUENCE O	OF):									
CAUSE (Disease or Inju	Jry 🚡	cDUE TO	(OR AS A CO	SEQUENCE C	DF):								+	
resulting in death) LAS	T L	d											_	
PART II. Other aignifice	ent condition	a contributing to	deeth but n	ot resulting	In the ur	nderlying	Ceuse 0	iven in	Part I.	24a. WAS AN		24b	WERE AUTOF	
100	me	extius	2 84	cur	7		ile			PERFOR			AVAILABLE P	
									_	I _ YES 2	E NO		OF DEATH?	NO
									- 1				1 TYES	I NO
25. WAS CASE REFERRED T	O MEDICAL					26 PI	ACE OF D	EATH (C)	neck only one					
EXAMINER?		HOSPITAL:	- EDIO de elle	4 0 T DO4	OTHE	R:								
27. MANNEB-OF DEATH		26a. DATE O		28b. Til	_	28c, INJ		aldence	6 Other	(Specify)	N HIPV O	CHRED		
	Pending Investigation	(Month, i	Day, Year)	IN	JURY M	1 Y	RK7 'ES 2] NO	Eve. DES	JANE HOW	-worth Ot	Jones		
a 🗆 0:4-14:	Could not be determined	26s. PLACE (building	OF INJURY — A , stc. (Specify)	t home, farm,	street, fact	tory, office				TION (Street or Town, State)		er or Rural F	Route Number,	
296. CERTIFIER 1 CERT	TIFYING PHYS	CIAN: To the best o	f my knowledge	, death occur	red at the t	time, dats	and placs,	and dus	to the caus	se(s) and me	nner as at	ated.		

29c. LICENSE NUMBER

32. ASGISTRAN'S SIGNATURE
Julia Davidona Randare

31. DATE FILED (Mor *90 29d. DATE SIGNED (Month, Day, Year)

20770

ital or attending physician. of for use as the bunial-transit permit. Pages 1; 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglere prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT	OF H	EALTH DEAT	AND N		YGIENE EG. NO.			0 2 0	,
	1. DECEDENT'S NAME (First, Middle, Last) Gladys M. Sm	i+h						2. DATE OF I	DEATH DAY	YEA	3. T	IME OF DEATH	м
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E			RTHPLAC	04 CE (State or Foreign	
	196-28-3875	1 D M 2 D F 54	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		Co	untry)		
	9e. FACILITY NAME (If not institution, give stre			at OUTY	TOWN C	D 1 004710	NI OF DE	8-26-				on, Md	-
DIRECTOR	IInion Hospita RESIDENCE OF DECEDENT			96. CHY,		1ktc		ATH	•	c. COUNTY O	Cil		
ត្ត	10a, STATE 10b, COUNTY		10e CI	ry, town o	B LOCAT	ION					104	, INSIDE CITY	-
<u>=</u>	Md.	~ ' .	1000								111	LIMITS?	
	10e. STREET AND NUMBER	Cecil		KIS		Sur				og. CITIZEN C		YES 2 X NO	
MA I					101			_	1.00				- 1
W	102 Cissel La						2191				S.A		_
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FDRCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		I yes, sp		n, Mexican	IC ORIGIN? (S n, Puerto Ricer :			lack, Wh	American Indian, otta, etc. White	
0	15, DECEDENT'S EDUC		16a. DECEDENT'S					16b. KIN	D OF BUSINE	SS/INDUSTR	Υ		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done (ise retired.)	during mo	at of working	g						
7	8		Gener	a 1				Nac	chman	Spri	ing	Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Gener	ат		16, MOTH	ER'S NAM	WE (First, Middl	le. Maiden Sun	name)			
	John L. Ande	rson				10-11-1		nel S					
BE	19a. INFORMANT'S NAME (Type/Print)	15011	105 MAILIN	C ADDRESS	(Ctmot a		_	loute Number, (Sets Zin Code	,		
2								sing				011	
	Melvin H. Smith							sing					-
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	PLACE OF DISPO other place)							TON — City o		State	
		11.10	ore's						Bla	ke, l	√ld.		$\overline{}$
ď	21. SIGNATURE OF BONERAL SERVICE LINE	9 %	1			unel						St., 21921	
	23, PART I. Enter the diseases, or co	omblicetions thet caused	the deeth. Do								1	Approximate	
	shock, or heart feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Lat only one cause on e	\	OF):								Interval Bety Onset and D	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A											
CERTIFICATION	CAUSE (Disease pr injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (OF):									
	PART II. Other significant conditions	contribution to don't be	ut mot socialities	In the co	معلم واستم است		due le	Dord I an	. WAS AN AU	TORRAY I	A45 MES	RE AUTOPSY FIND	
ICAL	PART II. Other significant conditions	contributing to death bi	at not resuming	I MI GIO UI	ideriyiii	g cause g	jiven in		PERFORME	:D?	AWA	ME AUTOPSY FIND MLABLE PRIOR TO MPLETION DF CAU DEATH?	
PHYSICIAN: MEDIC									X	•		YES 2 NO	
ż													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF D	EATH (Che	eck only one)					-
YSI	1 TYES 2 XND	1 Inpatient 2 ER/Outp	atient 3 DOA			10 5 🗆 Re	sidence	8 🗆 Other (S)	pecify)				
ВУ РН	27. MANNER OF DEATH SCNatural 6 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF IJURY M	WC	IURY AT ORK? YES 2] NO	28d. DEŞCRI	BE HOW INJU	URY OCCURE	D		
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE DF INJURY building, stc. (Spec	— At home, farm,	street, fac	lory, offic	:0			ON (Street and own, State)	Number or Ru	iral Route	Number,	
COMPLETED		CIAN: To the best of my knowl R: On the besis of examination									180(8) SN	d manner as stat	ed.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Derland	2				ENSE NUN	082			19-	onth, Day, Ybar) 90	
10	30. NAME AND ADDRUG OF PERSON WHO				m	2+an	ton	DA	Suite				
	Irving Berkowit	32. REGISTRAR'S SIGN.	ATURE		/11-2	ocan	COU	ĸu.	Nowar	k, D		19713	
	JAN 2 3 '90	guha David	son-yand	USG									

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FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	I. OEGEDENT S TAKE (FA	st, Middle, Last)								2. DATE				. TIME OF DEATH
	ESTE	LE	Ε.	POF	RINSON					0.1		DAY C	YEAR	12:27 A
	4. SOCIAL SECURITY NU	MBER	5. SEX		yrs. last birtho	lay) IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH , Day, Year)			ACE (State or Foreign
	578-56-90	35	1 □ M 2 😾 F	45	5 YR	S. MONTHS	DAYS	HOURS	MINE.			1944		ington,
	9a. FACILITY NAME (If not	Institution, give :	street and number)			9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE				NTY OF OEA	
OR I	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S												ORGE 'S	
DIRECTOR	RESIDENCE OF DI	10b. COUNT				CITY, TOWN							14	Od. INSIDE CITY
8	Maryland	Princ	ce Geore	aes!		Lando								LIMITS? YES 2 NO
	10e. STREET AND NUMBE		0001	905		Danac		f. ZIP CODE				10g. CIT		AT COUNTRY?
ERAL	3809 Warner Avenue United											5 o ±	Ctataa	
FUN	11. MARITAL STATUS		12. WAS DECEDE			13					? (Specify Ye			- American Indian, White, atc.
BY F	1 Never Married 2		FORCES? IF YES, GIVE					ecify Cuber			tican, atc.)		Specify:	
	3 Wildowed 4 D												Bla	ıck
ETED	(Specify of	ECEDENT'S EDU only highest grade	JCATION completed)		(Give kin	NT'S USUAL (d of work done OT use retired.	during me		g	16b.	KIND OF BU	JSINESS/INI	DUSTRY	
	Elamentary/Secondary		College (1-4 or 5	i+)							/-			
COMPL	17. FATHER'S NAME (First,				DIS	abled	1	10 MOTH	AED'C NA	ME (Flort I	N/A			
-		s W. C	'ook					. 14			- 1		,	
BE	19a. INFORMANT'S NAME		JOOK		19b. MAI	LING ADDRES	SS (Street i			-	E Er			
2	Minnie L	Elli	ott			50 Pc							D C	
	20s. METHOD OF DISPOS	ITION		20b.	PLACE OF DI					_ 5			City or Town	
	1X Buriel 2 Crems 4 Donation 5 Ott		novel from State		other place)	Memo	ria	1 Pa	rk		T.=	obas	or	Maryla
	4 Donetton 5 Other (Specify) Harmony Memorial Park Landover, 21. SKIHALTH ON UNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY Stewart Funeral Home										,	maryra.		
	> lohr	11	A.	·	-								Y.Y -	1 5 0
			complications th	at caused	the death	Do not anta	r the mo	ode of dul	ing enc	h sa carr	lac or resi	N . Ei .	was	h. D.C
-	shock, or	heart failure.	List only one ca	use on as	ch line.	0	0			-	- 1		, ,	Interval Beth Onset and D
	disease or condition										Oliset and L			
- 1	resulting in death) s. House unanary Due to (or as a consequence of):										car			
-	THE COURT OF THE C													
0	Sequentially list conditions, If any, leading to immediate													
			· Sa	neo	icla	Sas								
CATION	cause. Enter UNDER	alium.		O (OR AS A	CONSEQUENC									
FIFICAT	cause. Entar UNDER CAUSE (Disease or in that initiated events													
ERTIFICAL	CAUSE (Disease or id			NCHO	PNEUM									
CERTIFI	cause. Entar UNDER CAUSE (Disease or in that initiated events	AST	d. BRC		PNEUM	AINC	ınderiyin	ig cause (given in	Part I.		N AUTOPSY		
CERTIFI	cause. Entar UNDER! CAUSE (Disease or in that initiated events resulting in death) L.	AST	d. BRC		PNEUM	AINC	ınderiyin	ig cause (given in	Part I.	PERFO	PRMED?		AMAILABLE PRIOR TO COMPLETION OF CAL
CERTIFI	cause. Entar UNDER! CAUSE (Disease or in that initiated events resulting in death) L.	AST	d. BRC		PNEUM	AINC	ınderiyin	ng cause (given in	Part I.		PRMED?		MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERTIFI	cause. Entar UNDER! CAUSE (Disease or in that initiated events resulting in death) L.	AST	d. BRC		PNEUM	AINC	ınderiyin	ng cause (given in	Part I.	PERFO	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERTIFI	cause. Enter UNDERI CAUSE (Disease or it that initiated events reaulting in death) L. PART II. Other signif	cant conditio	d. BRC		PNEUM	AINC		ng cause (PERFO	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
SICIAN: MEDICAL CERTIFI	cause. Entar UNDERI CAUSE (Disease or it that initiated events resulting in death) L.	cant conditio	d. BRC	o death bu	PNEUM	ONIA	26. P		EATH (Ch	neck only or	PERFO	PRMED?		WERE AUTOPSY FIND WERE AUTOPSY FIND WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? OF YES 2 NO
SICIAN: MEDICAL CERTIFI	cause. Entar UNDERI CAUSE (Disease or it that initiated events resulting in death) L./ PART II. Other algnif	cant conditio	d. BRC	ER/Outpa	PNEUM	ONIA	26. P ER: ursing Hor	PLACE OF D	EATH (Ch	neck only or	PERFO	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	cause. Enter UNDERI CAUSE (Disease or it that initiated events resulting in deeth) L. PART II. Other signif 25. WAS CASE REFERRET EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	cant conditio	d. BRC	□ ER/Outpa	PNEUM	ONIA	26. P ER: ursing Hor 28c. IN.	LACE OF D	EATH (Ch	neck only or	PERFC 1 YES	PRMED?		MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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ED BY PHYSICIAN: MEDICAL CERTIFI	cause. Enter UNDERI CAUSE (Disease or it that initiated events resulting in death) L./ PART II. Other signif 25. WAS CASE REFERRET EXAMINER? 1	Pending Investigation Could not be detarmined	HOSPITAL: 1 Inpatient 2 28e. PLACE building	ER/Outpa Finjury Dey, Year) OF Injury OF Injury G, etc. (Specific of my knowle	PNEUM It not result It not result It not result It not result It not result It not result It not result It not result It not result	ONIA ing in the course of the	26. PER: uraing Hor 28c. IN. W 1 ctory, office	LACE OF D me 5 Re JURY AT ORK? YES 2 Ce	EATH (Ch	6 Other	PERFC 1 BY YES 1 BY YES 1 ST YES 1 (Specify) 1 (Specify) ATION (Streeg or Town, State)	PRMED? 2 NO 7 INJURY OC 4 and Numbers	CURED or or Rural Ro	MARILABLE PRIOR TO COMPLETION OF CAL OF DEATHY I YES 2 NO
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEATH	
Kenneth			Smith		монти 1	5	90	AR 6	30 P.	М
		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH	6.6	BIRTHPL	ACE (State or Foreign	n
577 04 8625	1 XX 2 F]	9 YRS.	MONTHS DAYS	HOURS MIN.	Feb.	Day, Mar)	197b °	Viginalia	irginia	a
9e. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY			_
Prince George's G		pital	Chev						eorge's	
10s. STATE 10b. COUNTY			Y, TOWN OR LOC		***			10	d. INSIDE CITY	
Maryland	PG)xon H	ill				1	LIMITS? YES 2 NO	
10e. STREET AND NUMBER			1	IOI. ZIP CODE			10g. CITIZEN		T COUNTRY?	
5920 Shoshone I				20745			Un	ite	d state	es
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVE FORCES? 1 \(\subseteq \text{Y}	ER IN U.S. ARMED	13. WAS DE	ECENDENT OF HISPAI specify Cuban, Mexico	NIC ORIGIN: an, Puerto R	(Specify Yee ican, etc.)	or No- 14.	RACE — Black, W	American Indien, /hite, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 🗆 YE	ES 2 X NO Specif	ly:			Specify:	Black	
		W			1					
15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during n	nost of working	16b.	KIND OF BUS	INESS/INOUST	HY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		e retred.)			NT / 70				
12th Grade		None				N/A				
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA						
Kenneth W. Wa	tson			Patr:	icia	Smit	h			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t and Number or Rural	Route Numb	er, City or Town	n, State, Zip Cod	le)		
Patricia Yarbr	ough	592	20 Sho	shone D	rive	-Oxon	Hill	, Md		
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOS		- 1,10			CATION — City			
1 Donation 5 Other (Specify)	val from State	other place)	Momo	rial Ce	mate				,Maryla	an
21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE 4	LINCOIN		AND ADDRESS OF FA		- 1	Darer	una	, , rat j z	411
John T.	Stoma	t TIT	Ste	wart Fur l Benni	nera					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR A	e Gunshot as a consequence of as a consequence of	F): F):							
that initiated events resulting in death) LAST		AS A CONSEQUENCE OF	r):							
PART II. Other aignificant conditions	contributing to dass	th but not resulting	In the underly	ing causa given in	Part I.	24s. WAS AN PERFOR			ERE AUTOPSY FINDI	NGS
					_	1 X YES 2		CO	DMPLETION OF CAUS F DEATH?	₿E
25. WAS CASE REFERRED TO MEDICAL			24	PLACE OF OEATH (C/	heck only on	0)				_
EXAMINER?	HOSPITAL:	0.45	OTHER:							
27. MANNER OF GEATH	1XXnpetient 2 - ER/			ome 5 Residence			NJURY OCCUR	ED.		
1 Naturel 5 Pending 2 Accident Investigation	12-29-89	7:23	P M 1	NORK? YES 2 NO	sub	ject w	as sho	t		
3 Suicide 8 Could not be 4 Homicide determined	building, etc.	i URY — At home, farm, : (Specify) Street	street, factory, of	fice	City o	or Town, State)	and Number or F		o Number, Oxon Hi	11
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 M MEDICAL EXAMINER	IAN: To the bast of my l				e lo lhe cau	se(e) end man	vner as stated.			
296 BIGHATURE AND TITLE OF CERTIFIER	1. An (1	1	28c. LICENSE NU					torith, Dies West	_
Mais F	All >	1 NO	1	OCME	auch .			-7-C		
Mario F. Golle,				St., Balt	0 1	Md. 2	1201			
31. DATE FILED (Month, Day, Mear)	32. HEGISTRAR'S		A. M. M. M. M. M. M. M. M. M. M. M. M. M.	war, but			CACHEST A			
JAN 16 '90 du										
JAN 16 90 Au	lia Davidson-A	andelle								_



OHMH-16 Rev 1/89

cani.	funeral	
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200	int	or rel
Ì	filled	OU, (
WOUND FILL CONTROL THE NAME TO COUNT OF THE PARTY OF THE	3: After this certificate has been signed by the attending physician and completely filled in by the funeral	or death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
nonnon m	and con	burial,
200	sician	nior to
The state of the s	D Phy	ene p
200	ugue	HX
2000	e atte	enta
200	by th	N N
5	pa	th a
200	Sign	Heal
5	peer	0
2 101	has	Ded
N. 11	Scate	State
25	certif	the
1111	this	with
2	After	death
2	ii	-

SURINDER AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF

32. REGISTRADE SIGNATURE
Lina Davidson-Randall

31. DATE FILED (Month, Day, Year)

JAN 16 '90

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	ICATE	: OF	DEA	ın	I a ===	REG. NO				-
i		C	ORRELS						MON	e of death th TUARY 1	ž,19	9 (YEAR	3. TIME OF DI	
	Catherine Boyd 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	E OF BIRTH	2,17	8. BIRT	HPLACE (State or	
11	227-20-7716	1 M 2 F	63	YRS.	MONTHS	DAYS.	HOURS	MIN.		30/26		Cre	ewe, Vi	raini
	Se. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	_	00,20	9c. COL	INTY OF		9
OR	AMI DOCTORS' HOSP	ITAL OF	P. G. C	0.	LAN	IAM					PRIN	CE G	EORGE'S	;
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			,	Y, TOWN C	OR LOCAT	ION						tod. INSIDE C	ITY
DIR	Maryland Princ	e George	210		eenb								LIMITS?	
	10e. STREET AND NUMBER	o oco. g.			00110		ZIP COD	E			tog. Cit	TIZEN OF	WHAT COUNTRY	
FUNERAL	7803 Nandan Road	1, #101					20	770				U.S.	Α.	
O.	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1								IN? (Specify Yes			E — American le	ndlan,
ВУ Б	t Never Married 2 Merried 3 V Widowed 4 Divorced	IF YES, GIVE W					2X NO			ricen, etc.)		Spec	olfy:	
	15. DECEDENT'S EDUC	ATION	18e DE	CEDENT'S	USUAL O	CCUPATIO	NAJ		1.0	b. KIND OF BU	CINECC /IN	OLICTOV	White	
	(Specify only highest grade of Elementary/Secondary (0-12)		(GI	ive kind of	work done se retired.)	during mo	st of workli	ng	1,0	b. KIND OF BO	3H4E33/H4	OOSINI		
COMPLETED	12			ndow	Tec	chnic	cian			U.S. F	Posta	I Se	rvice	
S	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden				
BE (Henry E. Boyd						Ma	ude	M.	Moore				
10	19a. INFORMANT'S NAME (Type/Print)									mber, City or Tow				
	Wallace E. Boyd					_			ve,	Virgini		3930		
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	val from State	Mary	or biseo	Vet	eme of cen	etery, crer	natory or	,	100.00			own, State , Maryl	and
Ш	21. SIGNATURE OF FUNETIAL SERVICE LICE	ENSER/	mary	Turre	22.	NAME AN	D ADDRE	SS OF EA	CILITY _				ome, P	
	1 / 12.	1/2			1-1	ranc	IS C	ascr	1'S S	ons F	uner	al H	ome, P	A
-	23. PART I. Enter the diseases, or co	emplications that	coused the de	eth Do								_	Approx	
	shock, or heart feilure. L					94 1110	or or or	, /	7	/	railory a		Interval	Between
	IMMEDIATE CAUSE (Finel disease or condition	1/1	ami?		16	mo	1	L	200	lura			U	24
	reaulting in death)	DUE TO	OR AS A CONSEC	DUENCE C	PI:	70	-	7	v	····			1	2
z					1/	•		/					/	
E	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE C	7/0	5	. 1	2		face	200	1	1	Sen!
2	CAUSE (Disease or Injury	OUE TO	OR AS A CONSE	O -	5			No.		Ture	ner	N	00	1
CERTIFICATION	that initieted events reaulting in deeth) LAST	OOE 10	(OR AS A CONSEC	ADENCE C	r:								2	
S	- 0	•											+	
Ä	PART II. Other significant conditions	contributing to	deeth but not r	eaulting	in the ur	nderlying	g ceuse	given in	Part i.	24a, WAS AN PERFOI		24	b. WERE AUTOPS AMILABLE PRI	OR TO
PHYSICIAN: MEDICAL										t - YES	NO		OF DEATH?	OF CAUSE
X						_							t TYES 2	□ NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 04	ACE OF F	EATH ON						
2	EXAMINER?	HOSPITAL:	EB/Outnotle-1 2		OTHE	R:	ACE OF D							
HYS	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TI	AE OF	28c. INJ	URY AT	esidence		her (Specify)	INJURY O	CCURED		
	t Netural 5 Pending	(Month, Di	ay, Year)	IN	JURY M	WO	RK? YES 2	NO	2,000					
D BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At ho atc. (Specify)	me, farm,	street, fac	tory, offic	•			CATION (Street		er or Rural	Route Number,	
TED	4 Homicide determined	outuing,	area (opeciny)		1				Cir.	ty or Town, State;	,			
PLE	29a. CERTIFIER 1 CERTIFYING PHARMA	SAY To the best of	my knowledge, de	ath phour	at the t	time, date	end place	, end due	to the c	auso(e) end ma	nner as st	ated.		
COMPLET	1996)	: On the beele of ex	camination end/or	irveatigati	on, in my	opinion, d	eath occu	red at the	time, de	te end place, er	nd due to	the couse	(e) end manner s	s stated.
BE C	296. SIGNATANTE AND TITLE OF CERTIFIER	- 0.	1	1			29¢, LIC	ENSE NU	MBER	100	29d. DA	TENGNE	D July Mr. Day, Ye	er)
		1	7//	V				40	70	(1)	D/	115	190	
10	30-MAME AND ADDRESS OF PERSON WHO		-//		-	71			,,			1	110	

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF M					DEAT		MENTAL	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)				10711		-			OF DEATH			3. TIME OF DEATH
	MARY E	llen S	MITH						01	13	DAY	90 YEAR	5 30PM M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE C	Dev Mari		8. BIRTH	PLACE (State or Foreign
	219-34-9489	1 M 2 XF	77	YRS.	MONTHS	DAYS	HOURS	MIN.	05	Day, Year)	12		hington, DO
_	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	Y, TOWN	R LOCATI	ON OF OE	ATH	101.7	9c. COU	NTY OF D	EATH
5	PRINCE GEORGES	HOSPITA	L CENTER			CHE	VERL'	1			PRI	VCE G	EORGES
DIRECTOR	RESIDENCE OF DECEDENT 10*. STATE 10*. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TON						10d. INSIDE CITY
H	Maryland Prince	e George	's	Ur	oper	Mai	lbor	0					LIMITS?
AL	10e. STREET AND NUMBER					10	. ZIP COO	E			10g. CIT	IZEN OF W	HAT COUNTRY?
EH	11304 Whitehouse	Road					2077	2			U	I.S.A	٨.
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT FORCES? 1	EVER IN U.S. ARM						IC ORIGIN	(Specify Yellon, etc.)	e or No—	14. RACE Black	American Indian, , White, etc.
B⊀	3 Widowed 4 Divorced	R OR DATES			1 YES	2 X NO	Specify	7	Specify: White				
	15. DECEDENT'S EDUC	16a. DEC	DECEDENT'S USUAL OCCUPATION					16b.	Wille				
E	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 5+)	life I	e kind of Do NOT u	work done se retired.)	during mo	at of working	ng	CAM.				
AP	8th -			ous	ewife	9				Ow	n Ho	ome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, M	iddle, Maider	Sumeme)		
BE	Andrew Parker						Αι	igus	ta Bo	owmai	1		
2	190. INFORMANT'S NAME (Type/Print)									er, City or Tox			MD commo
	June Dean		20b. PLACE O						a, U	' '			, MD 20772
	20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	wal from State	other place of Ft. I	:0)							on two		Maryland
	21. BIGHATURE OF JOHERAL SERVICE LIN	ENSEE /	1						CILITY	1 51	CITCH		mar yland
	· 1 1/2	H.			F	rand	Dalti	asch	1'5 5	ons h	uner	al H	ome, PA
	23. PART I. Enter the unesses, or c	omplications that	caused the dea	th. Do									Approximate
	ahock, or hear failure. I	List only one caus	e on each line.					mg, audi	1 44 0410		mutory at		interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Ser	36:6										2 months
	resulting in death)	Se TO	OR AS A CONSEO	JENCE C	OF):								2 ///0////
z		ASP DUE TO (1Rati	017	P	اع	UMI	001	a				6 weeks
E	Sequentially list conditions, if any, leading to immediate	QUE TO (OR AS A CONSECU	JENCE O	P):								6 week
2	CAUSE (Disease or injury	DIETO	PINC	4 O Y	4	an	hes	1					o well
CERTIFICATION	that initiated events resulting in death) LAST		OII NO A CONCLO	DENOE C	, r _j .								
		1											
CAL	PART II. Other algnificant conditions			-				_	Part i.	24e. WAS A	N AUTOPSY	24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Multiple C	reresi	ral II	nt	an	n	ons		_	1 TYES	2 NO		OF DEATH?
M													1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 P	ACE OF C	EATH /Ch	ock only one	al .			
PHYSICIAN: MED	EXAMINER?	HOSPITAL:	FR/Outpetient 3	∃ BOA	OTHE	R:			6 Other				
H	27. MANNER OF GEATH	28e. DATE OF	INJURY	28b. TII	WE OF	28c. IN.	URY AT	Jaidanice		CRIBE HOW	INJURY O	CUREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	1	IN	JURY M		YES 2] NO					
	3 Suicide 6 Could not be	28e. PLACE OF building,	INJURY — At hore	ne, ferm,	street, fac	ctory, offic	:0			ATION (Street or Town, State		or or Rural I	Route Number,
1	4 Homicide determined								1-1		,		
P		CIAN: To the best of a	my knowledge, dea	th occur	red at the	time, date	and place	, and due	to the cau	se(e) and m	anner as st	nted.	
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of ex	amination and/or in	rvestigati	lon, in my	opinion,	leath occu	red at the	time, date	end place, o	and due to I	he ceuse(s	e) and manner ea stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1	0				29c. LIC	ENSE NUA	/BER		29d. DA	TE SIGNED	(Month, Day, Year)
10 8	Sanlander	Joseph	<i>y</i>				1)0	13	2 3	-	1	-1	3-90
-	PAULA - DEL	PORE 1	M.D.	4	20 14 L	30	74	Leh	160	Thi	D:	207	9/
	JAN 16 '90	32. REGISTRAL	r's SIGNATURE	402									
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	companies of the Contract of the Contract of the Contract of the Contract of the State of the Contract of the
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			CERTIFIC	CATE OF	DEATH	REG. N	10.	
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	WILLIAM W. SLU 4. SOCIAL SECURITY NUMBER					01 - 23		5:20 P.M.
	213015960 9. FACILITY NAME (Il not institution, g	1 🔀 M 2 🗆 F	76 YRS.	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 9-29-13	9c, COUNTY	BIRTNPLACE (State or Foreign Country) Frost Bu
200	SACRED HEART H	OSPITAL		KXXXXXX		Cumberlar XXXXX		GANY COUNTY
DIREC	MD 10e. STATE 10b. COU	Allegany	10c. CITY,	Frostb				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNE	110 West Main	St. 12. WAS DECEDENT EYER	AN II C ADMED	T 40 MMC DEC	215332	IC ORIGIN? (Specify	USA	DAGE 1 - 1 - 1 - 1 - 1
	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 XYES	2 NO	It yes, sp		n, Puerto Rican, etc.)	14.	. RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo-		16b. KIND OF	BUSINESS/INDUS	TRY
	17. FATHER'S NAME (First, Middle, Last		Re	tired				
	William Wellin					L. Hami		
DE	19e. INFORMANT'S NAME (Type/Print)	Prou prass	19b. MAILING A	ADDRESS (Street e		Houte Number, City or		ode)
2	Donor Form Info	o. Sheet						
	20a. METHOD OF DISPOSITION 1	Removal from State	other place) Omeg		metery, cremetory or	100	location – chy lorganto	
	21. BIGNATURE OF FUNDRIAL SERVICE	in			ND ADDRESS OF FAC	JILLI Y		
	23. PART J. Enter the diseason, shock, or heart felic	or complications that cause are. List only one cause on	ed the death. Do no			Registry		t, Approximate
ERTIFICATION	immediate cause (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	enter the mo	de of dying, sucl	n as cardiac or re	apiratory arrest	
AL C	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF)	enter the mo	ede of dying, such	Part I. 24s. WAS PER	apiratory arrest	t, Approximate Interval Betv Onset and D Onset And D Onset And D Onset And D Onset And D Onset And D Onset D O
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. DECEDENT'S NAME (First, Middle, L				CATE OF						
	Last)						OF DEATH	,	YEAR	3. TIME OF OEATH
	Russell	Shock:	ley			MONT O	t 1°1	. 1	990	0100
220 28 0096	5. SEX 1√1 M 2 □ F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH	27	8. BIRTH Countr Mary	
At Home Rfd	give street end number) Pittsvill	e		96. CITY, TOWN	or Location of C				OMIC	
ESIDENCE OF DECEDEN										
Maryland W	icomico			r town or local Pittsvil						10d. INSIDE CITY LIMITS? 1 YES 2 NO
e. STREET AND NUMBER	JL 1			10	ZIP CODE			10g. CIT	IZEN OF W	WHAT COUNTRY?
	# 1				21850				USA	
. MARITAL STATUS DIVOTC ☐ Never Married 2 ☐ Msrried ☐ Widowed 4 ☑ Wiverced	FORCES?	NT EVER IN U.S. AR I YES 2XIN MAR OR DATES	NO NO	If yes, sp	ecify Cuban, Mexic 2 NO Spec	en, Puerto	Rican, etc.)	or No		— American Indian, k, White, etc. fy: 11e
15. DECEOENT'S (Specify only highest)	EDUCATION	16a. DE	CEDENT'S	USUAL OCCUPATION	DN .	180	. KIND OF BUSI	NESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) /// /// /// /// /// /// /// /// /// /	Do NOT us	e retired.)	ist or working	L	aborer			
FATHER'S NAME (First, Middle, Las	,				16. MOTHER'S N	AME (First,	Middle, Maiden S	Surname)		
Manfor	d F. Shock	ley			Lura	a We	11s			
. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (Street e	and Number or Rure	Route Num	ber, City or Town,	State, Zi	(p Code)	
William Arthur					Court Sa			· -		
METHOD OF OISPOSITION Burlal 2 Cremation S D Donagion 5 Other (Specify)	Removal from State	Farlo	OF DISPOS	Cemetery	metery, crematory or		RFD		ttsv:	
SIGNATURE OF FUNERAL SERVICE					NO ADDRESS OF F	ACILITY	T	0	D	# 264
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar-to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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220-78-1600 1 M 2 F 91 YRS. MONTHS DAYS HOURS MIN. 2 12 1898 Ma 9a. FACILITY NAME (If not institution, give street and number) Memorial Hospital Easton Talb RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	RTHPLACE (State or Foreign sunitry) aryland F DEATH
Jennie Ruth Simmons 4. SOCIAL SECURITY HUMBER 20-78-1600 1 M 2 F S1 SEX 91 YRS. 91 YRS. 91 YRS. 92 CITY, TOWN OR LOCATION 10s. STATE 10s. COUNTY 10s. CITY, TOWN OR LOCATION January 5 1990 8. BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTH (Month, Day, Year) 91 YRS. 8. BIRTH (Month, Day, Year) 8. BIRTH (Month, Day, Year) 92 12 1898 Ma 9a. FACILITY NAME (If not institution, give street and number) 8b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Talb	RTHPLACE (State or Foreign sunitry) aryland F DEATH
220-78-1600 1 M 2 F 91 YRS. MONTHS DAYS HOURS MRN. 2 12 1898 Ma 9a. FACILITY NAME (If not institution, give street and number) Memorial Hospital FESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION	aryland F DEATH
9a. FACILITY NAME (If not institution, give street and number) Memorial Hospital Residence of decedent 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 9b. CITY, TOWN OR LOCATION 9c. COUNTY OF Talb	F DEATH
Memorial Hospital Easton Talb RESIDENCE OF DECEDENT 108. STATE 108. COUNTY 106. CITY, TOWN OR LOCATION	
Tesidence of decedent 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	
<u> </u>	10d. INSIDE CITY
Maryland Caroline Denton	LIMITS?
	OF WHAT COUNTRY?
To. Street and Number Williston Road 109. CITIZEN OF Williston Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RAM 15. Naver Married 16. ZIP COOE 109. CITIZEN OF U. S. 16. ZIP COOE 109. CITIZEN OF 109. CITIZEN OF 109. CITIZEN OF 109. CITIZEN OF 109. CITIZEN OF 109. CITIZEN OF 109. CITIZEN OF 109. CITIZEN OF	
Specify: IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Cau	ACE — American Indian, Hack, White, etc. Specify: UCasian
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working) 18b. KIHD OF BUSINESS/INDUSTRY	
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) [Construction of working life. Do NOT use retired.]	
11 yrs none Homemaker Home	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondary (0-12) College (1-4 or 5+) 11 yrs none Homemaker Home 18. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) Homemaker Home 17. FATHER'S NAME (First, Middle, Last)	
John Wesley Craine Porter Laura Sculley	
198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code))
WIIIIam A. Simmons Rt. 2 Box 58, Denton, MD 21629	
1 Burial 2 12 Cremation 3 Removal from State other place)	
21. SMMATURE OF FUNERAL SETVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY Moore Funeral Home, P.A.	
Denton, Maryland 21629	
Denton, Maryland 21629 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest,	Wn, Del.
Denton, Maryland 21629	wn, Del.
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Denton, Maryland 21629 23. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory streat, abook, or heer feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU	Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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1	-	STATE REGISTRA	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Mild		Hollar	id Si	mith			2. DATE OF MONTH	DEATH DAY	1990	EAR	1:10 A M
4. SOCIAL SECURITY NUMB 220-46-29!		5. SEX 1 M 2 X F	6. AGE (In yrs. 92		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, E 9/2	BIRTH Day, Year) 4/189		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not in:	stitution, give a	treet and number)		9	b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUNTY	OF DEAT	TH
406 Pinel		Ave.			Sa	lisbury			Wic	comi	co
10a. STATE	10b. COUNTY	1		10c, CITY, 1	TOWN OR LOCA	TION				10	d. INSIDE CITY
Maryland	Wi	comico		Sal	isbur					1	LIMITS? X YES 2 NO
10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITIZEN	OF WHA	AT COUNTRY?
406 Pineh	nurst	AVE.			1	21801			US	-	
1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES 2	NO	If yes, sp	CENDENT OF HISPAR secify Cuben, Mexica 3 2 XNO Specify	in, Puerto Ric		or No 14.	Black, V	American Indian, Thite, etc. White
	EDENT'S EDU		18a.	DECEDENT'S US	k done during m		16b. K	IND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	House				O	11		
17. FATHER'S NAME (First, M.	idella dissati	_		House	WILE	16. MOTHER'S NA	ME (51-) 141-	Own			
William Th		Hollan	d Sr.			Laura			umame)		
19a. INFORMANT'S NAME (7		11011411	<u> </u>	10h MARING A	DOBESS (Street	and Number or Rural			State 7in Co	ofo1	
France E.		h				Millst					rv. Md.
20s. METHOD OF DISPOSITI	ION n 3 🗆 Rem		20b. PLA A 1 Te		ION (Name of ce	metery, crematory or	5110 2	20c. LOC	ATION - CIN	or Town	*
21. SIGNATURE OF TUNERA		ENSEE 7	1			ND ADDRESS OF FA	CHITY	1			_
Dua	de	Bru	uS					lome,	Sali	sbu	ry, Md.
shock, or himmediate cause. (Fir disease or condition resulting in death) Sequentielly list condit if any, leeding to immediate. Enter UNDERLY. CAUSE (Disease or injuthat initiated events resulting in death) LAS	lons, diste NG	b	OSCIE ORASA CON		Cerek	rovascu	ılar	Dise	ase		Interval Between Onset and Death
PART II. Other significa	nt condition	s contributing to	death but no	ot resulting in	the underlyin	na cause given in	Part i 2	44. WAS AN A	MITOPSY	24b W	ERE AUTOPSY FINDINGS
								PERFORM 1 TYES 2	MED?	A C	MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL				26. F	LACE OF DEATH (C)	heck only one)			<u>. </u>	
EXAMINER? 1 YES 2X NO		HOSPITAL:	FR/Outpation		OTHER:	me 5 XResidence					
27. MANNER OF DEATH		28s. DATE O		28b. TIME		JURY AT		Specify) RIBE HOW IN	JURY OCCI	RED	
37	Pending Investigation		Day, Year)	INJUI	RY W	ORK? YES 2 NO	200. 5240				
a 🖂 Gulatda	Could not be datermined		OF INJURY A , etc. (Specify)	t home, farm, str	eet, factory, offi	ce		TON (Street at Town, State)	nd Number or	Rural Rou	rte Number,
CONSTRUCTION OF THE						e end place, end du					and manner se stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	R				29c. LICENSE NU	MBER		29d. DATE S	SIGNED (A	fonth, Day, Year)
30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAL	DSE OF DEATH	(ITEM 27) (Type F	Print)	D 080	0.8		1/	18/	90
Thomas C.						Galisbu	-у, М	ld.			
JAN 1 8 9		2. REGISTA	AR'S SIGNATUR	NE NO STATE			**				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Surs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

NG P fter ti sath	OR ATTENDI DIRECTOR: A hours after d Item 28 Is	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	OR ATTENDING P DIRECTOR: After the hours after death tem 28 is mart	HYSICIAN: The law	his certificate has t	with the State Dept.	ked, or Hem 23

	FOR 1 - STATE	STATE OF MARYLA					IE	0	026	16	
-	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO	,				
	1. DECEDENT'S NAME (First, Middle, Last)	CURATTU				2. DATE OF DEATH	AY YI	EAR	IME OF DEATH	ı	
	WILLARD THORNTON 4. SOCIAL SECURITY NUMBER			IF UNDER 1 YE	EAR IF UNDER 24 HRS.				:30	a M	
	215205533		yrs. last birthday) 2 YRS.	7. DATE OF BIRTH (Month, Day, Year) 06-04-27	Gountry) Maryl	E (State or Fore	iign				
	9e. FACILITY NAME (If not institution, give st	reet end number)		9b. CITY, TO	WN OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH			
TOR	SACRED HEART HOS	PITAL		Cuml	perland		ALI	EGAN	Y		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	ry, town or L	OCATION			10d.	INSIDE CITY LIMITS?		
	Maryland Garr	ett	Mt	t. Lake	e Park			1 1	YES 2 N	10	
AL	104. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?		
Ä	815 Deer Park Ave	nue			21550		USA				
BY FUNERAL	1. MARITAL STATUS 1. Never Married 2 Merried 3. Widowed 4. Divorced	12. WAS DECEOENT EVER IN FORCES? 12 YES IF YES, GIVE WAR OR DATE WWW II		If ye	B DECENDENT OF HISPAI is, specify Cuben, Mexica YES 2 NO Specif	n, Puerto Rican, etc.)	e or No— 14.	Black, Whi Specify:		١,	
			ı		White	_					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-t2)	College (1-4 or 5+)	ille. Do NOT u	work done durir rea retired.)	ng most of working	16b. KIND OF BU					
N N		4	Mater:	ials M	anager	Optic	al Len	S			
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)				
BE (William Thornton 190. INFORMANT'S NAME (Type/Print)	Sheally				ce Naomi D					
2			A		treet end Number or Rural				1550		
•	Ms. Donna Sheally				ger Blvd.						
	20e. METHOD OF DISPOSITION 1 Description Description	oval from State	other place) OCKY Gaj		of cometery, cromatory or terv		berlan			1	
	21. SIGNATURE OF FUNERAL SERVICE U		M00167	22. NAJ	ME AND ADDRESS OF FA	CILITY	.O. Bo	x 24	3		
	23. PART i. Enter the disesses, or c	omplications that caused	the death. Do						Approximat		
		List only one cause on ee	ch ilns.				,		interval Bel		
	IMMEDIATE CAUSE (Finel disease or condition	0000	se M	2 - /2	-				Onset sind	Death	
	resulting in deeth)										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condition	e contributing to death bu	rt not resulting	In the unde	rlying cause given in	Part I. 24a. WAS A	N AUTOPSY	24b, WER	E AUTOPSY FIN	IDINGS	
PHYSICIAN: MEDICAL	END STAGE KE	mor Viscos	-				RMED?	AWAI	LABLE PRIOR TO IPLETION OF CA DEATH?	O	
Z: ME						-		1 [YES 2 N	0	
¥	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C/	heck only one)					
SIC	EXAMINER?	HOSPITAL:	itlent 3 DOA	OTHER:	Home 5 Residence	6 Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	26e. OATE OF INJURY (Month, Day, Year)	28b. Til	_	28d. DESCRIBE HOW	INJURY OCCUP	RED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Special	261. LOCATION (Street City or Town, State	end Number or	Rural Route	Number,					
COMPLET	000)	CIAN: To the best of my knowle							l manner ee st	ated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11)		29c. LICENSE NU	MBER 275	29d. DATE S	IGNED (Mor	nth, Day, Year)		
5	30, NAME AND ADDRESS OF PERSON WH		TH (ITEM 27) (See	a Deint	Fall		1	1	1	_	

921 Seton Drive

1 gratis

Robert Welik
31. DATE FILED (Month, Day, Year)
JAN 25

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Cumberland, Md. 21502

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And the second of the second

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

Σ	Pag	6	9
BALLIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dit be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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-	exe	to b	ша
DIVISION OF VITAL RECORDS, P.O. BOX 13140	te be	Sicia	Į,
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	TO T	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	MP

	RUTH	т.	SPIVE	1		MONTH DA	YE OF	AR 7-20 P. M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	UNDER 1 YEAR	7	7. DATE OF BIRTN	0. 5	BIRTHPLACE (State or Foreign			
	220-40-7280	1 □ M 2 🂢 F 8 S	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-25-190	0 1	llinois			
_	9a. FACILITY NAME (If not institution, give	re street and number)	9	b. CITY, TOWN O	R LOCATION OF DEA	TN	9c. COUNTY	OF DEATH			
10F	RESIDENCE OF DECEDENT	mid fleep	ctal	Rive	Vario		Rain	ce George			
ည္က	10a. STATE 10b. COU		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY			
FUNERAL DIRECTOR		ce George's	Hya	ttsville				LIMITS? 1X YES 2 NO			
RAL	10s. STREET AND NUMBER			101.	ZIP CODE			OF WHAT COUNTRY?			
NE	7026 Hunter La	12. WAS DECEDENT EVER	IN II S ADMED	13 WAS DEC	20782	C ORIGIN? (Specify Yes		SA American teditor			
	1 Never Married 2 X Married	FORCES? 1 YES	2 X NO	If yes, spe	city Cuben, Mexican, 2 NO Specify:	Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:			
BY	3 Widowed 4 Divorced				-017 +27			white			
	15. DECEDENT'S E (Specify only highest gr	ade completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during moi	N at of working	16b. KIND OF BUS	INESS/INDUST	RY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 5th	School		^	Educat	ion				
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Melden :	Surname)				
BE C	Fred Thompson		_		Hattie	e Correy					
0	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		-			
	C. Clinton Spive		0b. PLACE OF DISPOSIT			yattsville,	Maryl				
	20a, METHOD OF DISPOSITION 1 □ Buriel 2 N Cremation 3 □ R 4 □ Donation 6 □ Other (Specify]	emoval from State	Metropolit					a, Va.			
	21. SIGNATURE OF MUNERAL SERVICE	LICENSEE	7		D ADDRESS OF FACI						
	FRANCIS GASCH'S SONS FUNERAL HOM 4739 Balt. Ave., Hyattsville, Maryland										
	23. PART I. Enter the diseases,	or complications that cause	ed the death. Do not								
											DUE TO (OR AS A CONSEQUENCE OF):
Į į	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. Sequentially list conditions, if any leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. Sequentially list conditions, if any leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST c. Atherose Condition Cardiovancials v Disease of injury that initiated eventa resulting in death) LAST										
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CEF		d,						1			
MEDICAL	PART II. Other significant condit	iona contributing to deeth	but not resulting in	the underlying	g cause given in P	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	Coulva	cludes	,			1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
M	Decu	billes Ul	cers			-		1 TYES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck only one)					
SIC	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence 6	Other (Specify)					
PHYSICIAN	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)			URY AT	28d. DEŞCRIBE NOW II	YJURY OCCUR	ED			
BY	Natural 6 Pending 2 Accident Investigation				YES 2 NO						
ED	3 Suicide 6 Could not 4 Nomicide determined	building, etc. (Sp	RY — At home, farm, stri lec/fy)	ert, ractory, offic	•	261. LOCATION (Street a City or Town, State)	and Number or F	lural Route Number,			
E	29a. CERTIFIER 1 CERTIFYING PI	IYSICIAN: To the best of my kno	miedos desth occurred	at the time date	and place, and due t	in the neurolal and man	ner en stated				
COMPLET	(Original Critis)	NER: On the basis of examinat						wee(a) and manner as stated.			
ш	29b. SIGNATURE AND TITLE OF CERTI	FIER	A4 A	\	29c, LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Year)			
TO B	me	5 to ohr	14.7		D225	749	▶ 1 -	-16-90			
	G.M.DIN	M.D. 65		worth	Ave,	Rivera	ale 1	4.D. 20737			
	JAN 19 90	32. REGISTRAR'S SIG	n-Randell								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by War fungar direction page 5 spould be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoyal.	management of the contract of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Prox 8 may be neaded by the			

	1 - STATE REGISTRAR	STATE UT MA		RTIFICAT	E OF	DEAT	H H		G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	Martha	Rachel	Sea	broo	ok /		2. DATE OF OR			YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	-	AGE (In yrs. last bir	_	R 1 YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIS	RTH O	7 / 12	BIRTHPL	ACE (State or Foreign
	577-32-5793	1 M 2 XF	66 65	YRS. MONTHS	DAYS	HOURS	MIN.	06-07-			Geor	
1	9a. FACILITY NAME (If not Institution, give str	eet and number)	4	9b. CIT	Y, TOWN C	R LOCATIO	N OF OE			9c. COUNT		
OR	4313 Knox4	21 1.	21	6	ol	leve	1	Quet		YIN	0.01	Bru vees
5	RESIDENCE OF DECEDENT	1	100	7		1	- /			-//~		
DIRECTOR		George's	/	Collage								Od. INSIDE CMY
	100. STREET AND NUMBER	George	·	College		. ZIP CODE			1	40- 017175		X YES 2 NO
RA	4313 Knox Road,	#318 -			1.0.	2074	0					AT COOKINT!
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEI	D 13.	WAS DEC	-		IC ORIGIN? (Spe	cify Yea	The second second second	SA B. RACE -	- American Indian, White, atc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 I	YES 2X NO		If yes, sp-	ecify Cuban 2X NO	, Mexican	, Puerto Rican,	etc.)		Specify:	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECES	DENT'S USUAL C	CCUPATIO	ON		16b. KIND	OF BUS	INESS/INDUS	BTRY	
	Elementary/Secondary (0-12)	College/(1-4 or 6+)		kind of work done NOT use retired.)								
MP	12th	8 /	Refe	erence	Libr	_				sities		
	17. FATHER'S NAME (First, Middle, Last)	. /						AE (First, Middle,				
BE	Josiah McLeod Se	abrook						illard I				
5	Robert Ledbetter			8 Arbo								
	28s. METHOD OF DISPOSITION 1 □ Burtel 2 Orientation (0 □ Remo 4 □ Donation 5 □ Other(Specify)	was from State	20b. PLACE OF other place) Metrop	osposition (N	Crer	netery, creme	story or			xand		
	21. BIGHATURE OF FUNESOAL SERVICE AND	Heer/) /)	22	NAME A	NO ADDRES	S OF FAC	HLITY				
	· Mark /	1/ Sul	An.									AL HOME 20781
	23. PART I. Enter the diseases, or c	omplications that	ceused the death	. Do not ente	r the mo	de of dyln	ng, such	es cerdiec o	r reepir	atory arres	it,	Approximate
	immediate Ause (Finel disease or condition resulting in death)		OR AS A CONSEQUE	n.		ev e	11	is l	n	ic.		Interval Between Onset and Death
7		DUE TO TO	R AS A CONSEQUE	ENCE OF								
CERTIFICATION	Sequentially list conditione, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (O	OR AS A CONSEQUE	INCE OF):								
5	CAUSE (Disease or injury that initiated events	DUE TO (O	OR AS A CONSEQUE	NCE OF:								
	resulting in death) LAST											
8												+
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions		eath but not read	uiting in the u	nderlyin	g ceuse gl	iven in l		PERFORI		Á	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ħ								_			1	YES 2 NO
Ž												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF OE	ATH (Che	ck only one)				
łγS	1 YES 2 NO 27. MANNER OF OEATH	1 Inpetient 2 I i		Bb. TIME OF		-	idence	6 Other (Spec				
	Notural 6 Pending	(Month, Day,		INJURY		PRK?	NO	28d. DEŞCRIBI	E HOW IN	JUNY OCCU	HED	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At home,	, farm, street, fac			,	281. LOCATION		nd Number of	Rural Ros	ite Number,
	4 Homicide 6 Could not be	building, et	tc. (Specify)					City or Tow	n, State)			
COMPLETED	294. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of m										and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEI						Aonth, Day, Year)
BE	/ heat	1		Zn S	T	190	59	97	~	-		16 1998
2	SE HASE AND ADDRESS OF PERSON WHO	COMPLETED MUSE	OF OEATH OTEM 2	7) (Type, Print)		1						, , ,
	John S. Rogers,	M.D. 191	9 Semina	ry Roa	id, S	Silver	- Sp	ring, l	Mary	yland		
	31. OATE FILED (Month, Day, Year)	32. REGISTRAN	on-Randall									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR
Ī	1 ₊ p	ECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CER	TIFIC	ATE O	F DEA	TH		REG. NO.			
JOSEPH JOS	Middle, Last) P.	PHIL	-17	STANG	, SR	•			2. DATE (of DEATH	1990	90	3. TIME OF DEATH A
4. social security number 220–34–6711	ER	5. SEX	6. AGE (I	n yrs. lest birtl 82 y		ITHS DAY		MIN.		05 BIRTH 037/07		s. birth	PLACE (State or Foreign
98. FACILITY NAME (If not ins FREDERICK ME	MORIAL		L			FREDE	N OF LOCAT	ION OF DE	EATH			DERIC	
RESIDENCE OF DEC	106. COUNTY	ERICK		F	REDE	KICK°	CATION						10d. INCIDE CITY WHITS? 1 YES 2 NO
P1005 CARRIA	GE LAN	ΙE					10f. ZIP COL	2170	1		10g. CIT	IZEN OF Y	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES GIVE W	YES	2 NO		II yes.	DECENDENT specify Cub (ES 2 NO	en. Mexica	n. Puerto R	? (Specify Yes	or No—	Black	E — American Indien, k, White, etc. PTE
15. DECE (Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade of	ATION completed) College (1-4 or 5 +	•)	18e. DECEDI (Give kil life. Do I	ind of work NOT use rei	done during	ATION most of work	ing	18b.	DAIR		DUSTRY	
17. FATHER'S NAME (First, Mic LUTHER A. ST							18. MO			iddle, Melden LNETTA		MERS	
190. INFORMANT'S NAME (TV) JOSEPH P. ST	'ANG, J					E AVE			Route Numb UNSW]	er, City or Tow [CK	n, State, Zi	p Code) MD	21716
20e. METHOD OF DISPOSITION 1 Device 2 Cremetion 4 Donation 5 Other	Specify)	val from State	20b.	PLACE OF D	VEN	MEMOR	IAL G	ARDE		NR	• FR		ICK, MD
21. SIGNATURE OF FUNERAL	SERVICE LICE	Hari	ble	1		22. NAME			YTOWN		HAKI	ZLEK	& SONS
IMMEDIATE CAUSE (Find disease or condition resulting in death)	art fallure. L	list only ona cau	(OR AS A	CONSEQUEN	PSOL	JDON	LMB	RAU	005	CO PNO	レハて	LS	Approximata Intarval Between Onset and Death
Sequentielly list condition if any, leeding to immed cause. Enter UNDERLYIF CAUSE (Disease or injust that initiated events resulting in death) LAST	ons, liete NG ry	DUE TO	(OR AS A	CONSEQUEN	NCE OF):								
PART II. Other significes	HY(contributing to	Re7	(SIAS	CHIC	A NUT(~	_	24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 AMO		HOSPITAL:	ER/Outp	atlent 3 🗆 [THER:	lome 5 🗆 1			,			
	Pending nvestigation	28e. DATE OF (Month, D	INJURY ay, Year)	28	b. TIME OF		INJURY AT WORK? YES 2	□ но	28d. DE\$	CRIBE HOW I	NJURY O	CURED	
3 Suicide 8 0	Could not be Istermined	28s. PLACE O building,	F INJURY etc. (Spec	— At home,	form, stree	rt, factory, c	ffice			ATION (Street or Town, State)		or or Rural i	Route Number,
cool only		CIAN: To the best of R: On the basis of e											e) and manner se stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	V	7	1	10)	D 29c. LI	S S 1	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF		GOUGH		ATH (ITEM 27		,	LYCE	SUIL	(E. 1	~D.	217	93	
31. DATE FILED (Month, Day)	2"'90	32. REGISTRA	R'S SIGN										

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TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF I CERTIFICATE OF		MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last BABY GI	RL_STROB	EL		2. DATE OF DEATH DAY 1-17-9
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH

1. DECEDENT'S NAME (First, Middle, La.	nt)						2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
BABY G	ERL_STROBE	L					- mont	1-17-		TEAN	11:40 pm. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In)	rrs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS MIN.	7. DATE (Monti	OF BIRTH h, Day, Year) 1-17-	-90	8. BIRTH Countr	PLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, gi	e street and number)			9b. CITY,	TOWN	OR LOCATION OF D	EATH	1.61/	9c, COUN	TY OF D	EATH
CREATER BALTIMO	ORE MEDICA	L CEN	TER	ТО	WSO:	N			BALT	IMOF	E COUNTY
10e. STATE 10b. COU				Y, TOWN O	R LOCA	TION					10d. INSIDE CITY LIMITS?
MD BALT	IMORE		BA	ALTIM	ORE						1 YES 2 NO
10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CITIZ	ZEN OF V	HAT COUNTRY?
3531 MOULTREE PL	ACE, BALTI	MORE				21236					
11. MARITAL STATUS	12. WAS DECEOEN					CENDENT OF HISPA			or No-		— American Indian, t, White, atc.
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE					\$ 2 NO Specific		intering descrip		Spec	
15. DECEDENT'S E (Specify only highest gr		10	Give kind of			ION ost of working	16b	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u			•					
17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA			Sumame)		
40. 10.000						DEBRA				-	
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street	and Number or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
26e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R	amoval from State	20b. P	LACE OF DISPO	SITION (Na	me of ce	metery, cremetory or		20c. LO	CATION —	City or To	wn, State
4 Donation 8 Other (Specify)				BALT	'IMO	RE MED.	CTR	TO	SON,	MAI	RYLAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	^		22.	NAME A	AND ADDRESS OF F	ACILITY	N C			
Dowend	L Supl or				D 14		01 N	C1	1 0		et: Towson 2
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bue to	LD—CHI	DNSEQUENCE OF THE CONSEQUENCE OF	F): LFORM F):							
	d										<u> </u>
PART ii. Other significant condi	ions contributing to	death but	not reaulting	in the un	derlyir	ng ceuse given ir	Part i.	24a. WAS AN PERFOR 1 X YES 2	MED?	248	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 XYES 2 NO
AT WES SAFE DEFENDED TO MEDICAL											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		PLACE OF OEATH (C	heck only o	ne)			
1 YES 2 NO	1 Inpatient 2		_		-	me 5 - Residence	4				
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2								SCRIBE HOW I	NJURY OCC	URED	
3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
enel	YSICIAN: To the best of										i) and manner as stated.
					P.11.00111		1,000	- una piece, el			Western Comment
296, SIGNATURE AND TITLE OF CERTI	L Sugal 1	ND				102885	IMBER			29/	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON											
Howard L.	Siegel, M	.D	GBMC;	6701	N.	CHARLES	STRE	ET; TO	WSON,	, MD	21204
31. DATE FILED (Month, Day, Year)	32. REGISTR										

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	10 HR HOSHIAL DR ALLENDING PHYSICIANY: The Raw requires that the death certained by the most and the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	the medium of the control of the con
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JAN 22

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR CERTIF					MENTAL	HYGIENI REG. NO.	E		
	DELORES	Delores May	SCADDE	N				2. DATE O	F DEATH DA	7	3. 3.	TIME OF DEATH
8		. SEX 6. AGE (In)	yrs. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.		F BIRTH Day, Year) 8, 19		Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give street			9b. CITY	r, town c	R LOCATI	ON OF DEA		0, 19.	9c. COUNTY	Mary of DEATI	
FUNERAL DIRECTOR	Washington County			На	gerst	own		Wash	ingt	on		
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	ION					100	I. INSIDE CITY LIMITS?
10	Maryland Washi	ngton	1	Hage:	- 7	VII ZIP COO	-			10g, CITIZEN		YES 2 NO
ERA	115 N. Jonathan S	treet				21740				US.		COUNTRY
NO.	11. MARITAL STATUS	2. WAS DECEDENT EYER IN U			WAS DEC	ENDENT C			(Specify Yes			American Indian, hita, etc.
Specify: 3 Widowed 4 Divorced IF YES, GIYE WAR OR DATES 1 YES 2 XNO Specify: White												
OE	15. DECEDENT'S EDUCATI (Specify only highest grade con		8a. DECEOENT'S (Give kind of life. Do NOT u	USUAL C	CCUPATIO	ON st of working	ng	16b.	KIND OF BUS	INESS/INDUST		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	hous									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAM	AE (First, Mi	iddle, Maiden	Surname)		
BE	David E. Baker						rtle					
2	19a. INFORMANT'S NAME (Type/Print) George D. Scadden	1								n, State, Zip Coon		40
ì	20a. METHOD OF DISPOSITION	matory or		20c. LO	CATION — City	or Town,	Stata					
	4 Donation 5 Other (Specify)		other place) Se Hil				*** OF EAC	NI ITV		gersto	wn,	Maryland
	AT ORDER OF FOREIGN DELIVER EIGHT						UNERA					Md. 21740
	23. PART I, Enter the disease, or con shock, or heart failure. Lie iMMEDIATE CAUSE (Finel disease or condition	et only one ceuse on eec	ch ilna,	not ente	r the mo	de of dy	ing, auch	as cerdi	ac or respi	ratory arrest	9	Approximate Interval Between
5	resulting in death) a	DUE TO (OR AS A C	ONSEQUENCE O	(/ / / / ·	3//	702	- 3					10
LION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	ARCI CONSEQUENCE O	NOV	n A	of	TR	ANS	VERS	E COL	ON	menster menster monster
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events regulting in death) LAST	DUE TO (OR AS A C										
CEF	d											
CAL	PART II. Other significant conditions of	contributing to deeth but	t not resulting	in tha u	ndariyin	g causa	given in i	Part I.	24a. WAS AN PERFOR	MED?	AW	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE
OF DEATH? 1 YES 2 NO OF DEATH? 1 YES 2									DEATH?			
SICI		HOSPITAL:	tient 3 🗆 DOA	OTHE 4 Nu	R:		DEATH (Che					
РНҮ	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII		28c. IN.	URY AT				NJURY OCCUP	ED	
ВУ	1 Natural 5 Pending 2 Accident investigation	M street for	1 🗆		_ NO	284 1 004	TION (Stead	and Number or	Burnel Bourn	a Marmhar		
ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											William,
COMPLET	(Orlock Orly)	AN: To the best of my knowled On the basis of examination a									aute(a) an	d menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	Chane	eys	7.0		29c. LIC	ENSE NUM	IBER		29d. DATE S	IGNED (MC	onth, Day, Year)
2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charles R. Chaney M.D. 3635. Cleveland Sie. Hag. Ma											hd21740	

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l.	marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified
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eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	ked
eath	mar

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) ARTHUR BROWN STOU	in a second				2. DATE OF DEATH DA	" 0 199	3. TIME OF DEATH 9:00 P M		
	Control Market Control Control	SEX 6. AGE (In yrs. last 77	MANTHE DAVE MOURE AND (MO					BIRTHPLACE (State or Foreign Country) Maryland		
OR	9a. FACILITY NAME (If not institution, give street REEDERS MEMORIAL			ONSBO	RO, MD	21713	9c. COUNTY WASHI			
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATI	ON			10d. INSIDE CITY		
B	Maryland W	ashington	Wil	liamsp	port			1 YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 2611 Virginia Av	enue		10f.	21795			USA		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	: WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2X ☐ YES IF YES, GIVE WAR OR DATES	NED .	If yes, spe	ENDENT OF NISPAN ecify Cuben, Mexices 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Ricen, atc.)	or No— 14.	4. RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED		college (1-4 or 5+) (Giv We.	EDENT'S USUAL to kind of work do Do NOT use retire	ne during mos d.)	at of working	16b. KIND OF BUS				
OME	0-12 17. FATHER'S NAME (First, Middle, Last)	01	fice p	ersona		Potoma ME (First, Middle, Maiden		on co.		
BE C	Robert	Stouffer			Julia					
TO B	19. INFORMANT'S NAME (TypoPrint) Mrs. Sonia F. Hoak					Route Number, City or Town Hagerstown				
	20e, METHOD OF DISPOSITION 1 👺 Burlel 2 🗆 Cremetion 3 🗆 Removal 4 🗆 Donetion 5 🗀 Other (Specify)	from State other plan			petery, crematory or			or Town, State n, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			D ADDRESS OF FA	LITIMITO		RAL HOME		
	2cock	Kinne						own, MD 21740		
	23. PART I. Enter the diseases, pr com- shock, or haert fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each line. UNUNOVA DUE TO (OR AS A CONSEO	eula	ter the mod	de of dying, such	h as cerdiec or respi	ratory srrest	, Approximats interval Between Onset and Death		
TION	Sequentially list conditions, If any, leading to immediate b. Surve Alpheinurs deserve but TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQ	UENCE OF):							
	PART II. Other significent conditions of	antributing to death but not s	auting in the	undodulo.	s course share le	Part I. 24s, WAS AN	AUTODOV	24b. WERE AUTOPSY FINDINGS		
EDICAL	PART II. Other agrimeent conditions of	onthouting to death out not re	sauting in the	underlying	ceuse given in	PERFOR	RMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
PHYSICIAN: MEDIC						_		1 TES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТН		ACE OF DEATH (Ch	eck only one)				
IYSI	1 VES 2 NO 1 27. MANNER OF DEATH	☐ Inpatient 2 ☐ ER/Outpatient 3 28e. DATE OF INJURY				8 Other (Specify) 26d. DESCRIBE NOW I	N.IIIBA OCCIIB	ero.		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO	RK? /ES 2 NO	and begonine from		No. 107		
						Rural Route Number,				
Suincise 6 Could not be determined 5 City or fown, Ste City or fown								ause(s) and menner as stated.		
BE	29b, SIGNATURE AND TITLE OF CERTIFIER	t mo 1.	21.90		29c. LICENSE NUI	MBER 5 1	29d. DATE SI	IGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO C	Suldnet,	Relder	DXU	wing	Une B	onsh	oro, MO		
	JAN 22 90	32. REGISTRAR'S SIGNATURE Julia Davidson	Pandelle		J					

Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146	ained by the hospital or attending physician.	should be detached for use as the burial-transit permit.	liffed at once.	
	within ours after death. Page 6 may be ref	npletely filled in by the funeral director, page 5 s cremation, or removal.	vent, the medical examiner must be no	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certificate filed within 72 hours after death with the St.	IMPORTANT: If Item 28 Is marked, or It	

BE COMPLETED BY

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1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAI					MENTAL	HYGIE REG. N					
1. OECEDENT'S NAME (Fit													F DEATH		
P	ATRICIA	A A.	STEEL	Ε					JAN.		0, 199	90	5:0	0 P	
4. SOCIAL SECURITY NUI	IBER	5. SEX	6. AGE (In yrs. le	sst birthday)		R 1 YEAR	IF UNDE	1	7. DATE OF	BIRTH Day, Year)		S. BIR	THPLACE (Sta	te or Foreig	n
312-28-9278		1 M 2 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB.			INI	DIANA		
9e. FACILITY NAME (If not	-				9b. CIT	r, TOWN C			EATH		9c. COU				
2701 HAR RESIDENCE OF DE 10a. STATE MARYLAND		NUE				W	HEAT	ON			M	ONT	GOMERY		
10a. STATE	10b. COUNT	Υ		10c. Cl	ry, Town	OR LOCAT	ION						10d. INSID	E CITY	
MARYLAND		MONTGO	OMERY	1	WH	EATO	N						1 YES		j
10e. STREET AND NUMBE	R					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUN	TRY?	
2701 HARDY	AVENU	E						209	02		US	A			
10e. STREET AND NUMBE 2701 HARDY 11. MARITAL STATUS 1 Never Married 2 [3 Wildowed 4 Di	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 3	NO		WAS DEC If yee, sp 1 TYES	ecity Cubi	n, Mexico	NIC ORIGIN? en, Puerto Ric ý:	(Specify Y	es or No—		CE — America eck, White, etc ecity: WHI		
15. OI	CEOENT'S EDU	ICATION	16a. D	ECEDENT	USUAL C	CCUPATIO	ON .		16b. K	IND OF B	USINESS/IN	OUSTRY			
15. Ol (Specify of Elementary/Secondary 17. FATHER'S NAME (First, T. FONYADD)	1		mpleted) (Give kind of work done during most of working life. Do NOT use retired.)					1							
		5+	F	HOMEM	AKER	_									
18. MOTHER'S NAME (First, Middle, Lest) LEONARD PIETSCH ADELE BAS															
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)															
HAROLD M. STEELE 2701 HARDY AVENUE, WHEATON, MARYLAND 20902															
20a. METHOD OF DISPOS	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)														
4 Donation 5 D Oth	er (Specify)		GATE	OF H	-					SI	LVER :	SPRI	ING, M	ARYL.	AN
21. SIGNATURE OF TONES	AL SERVICE U	FRANCIS J. COLLIN					LLINS								
22 PART I Envisor	diaman	annuli antinua sta		1	5	00 U	NIVE	RSIT	Y BLVI	D., 1	W., S.	IL.	SP.,		
23. PART I. Enfar the shock, pr IMMEDIATE CAUSE (fideese or condition resulting in death)	heart fallure.	s. 105 DVO	OR AS A CONS	15Uff	iciel ofi:	104						rest,	Inte	roximata rval Betv et and D	veat
Sequentially liet cond	itione	· Modasi	metastatic broast conver to her					IN a	rel 1	ung		One	yen	Y	
Sequentially liet condif sny, leading to Immosuse. Enter UNDERt CAUSE (Disease or in that initiated events resulting in death) Lie	edleta YiNG	adellocarchend of wast									twe	400	12		
that initiated events resulting in death) L/															
0 4 mm 4 0 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part i.								PERF	ORMED?	2	COMPLETE	PRIOR TO ON OF CAU		
25. WAS CASE REFERRED EXAMINER? 1 K YES 2 NO 27. MANNER OF DEATH													OF DEATH!		
25. WAS CASE REFERRED	TO MEDICAL					26. PI	ACE OF I	DEATH (C/	heck only one)						_
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:	1		8 🗆 Other (_		_
27. MANNER OF DEATH	Panding	28e. DATE OF (Month, D		28b. TI	ME OF	28c. INJ	URY AT		28d. OEŞC	RIBE HOV	V INJURY OC	CURED			

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 PG YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. OESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO 2 Accident
3 Suicide

26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basic of e

2153 29d. DATE SIGNED (Month, Day, Year)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PETER **PUSHKAS** M.D. 11510 OLD GEORGETOWN ROAD, ROCKVILLE, MARYLAND 20852

31. DATE FILED (Month, Day, Year)

32. REGISTRAD'S SIGNATURE
JUNIO DAVIDON Andello

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount affect.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medica
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	1. DECEDENT'S NAME (First, Middle, Last) Georgia	Sewell	RTIFICAT	IE OF I	DEATH	2. DATE OF DEATH MONTH January	1 DAY	3.	TIME OF DEATH 5:33A.M
	219-14-48241	SEX 6. AGE (In yrs. last)	YRS. IF UNI	DER 1 YEAR 8 DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 8 2)			CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street Memorial Hospita RESIDENCE OF DECEDENT		9b. CI	Easto	LOCATION OF D	EATH		of DEAT	1
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 PAC IF YES, GIVE WAR OR DATES	Rid	3. WAS DECE	CIP CODE 2 1 G NDENT OF HISPA		Yes or No — 1	1 [en of what	I. INSIDE CITY LIMITS? YES 2 And COUNTRY? American Indian, Illia, with
TO BE COMPLETED	186. DECEDENT'S EDUCATION (Specify only highest grade completed) 186. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 186. KIND OF BUSINESS/INDUSTRY 186. KIND OF BUSINE								
CERTIFICATION	IMMEDIATE CAUSE (Finel	plications that ceused the deer only one ceuse on each line. No creo in Try and Due to (or as a consecutive to (or a)))	JENCE OF):	er the mod	e of dying, suc	ch es cerdiec pr re	espiratory srre	st,	Approximata Interval Batwee Onset and Deat
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 VES 2 PARO 24b. WERE AUTOPSY FINDING: AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 PARO								
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
7	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29b. DATE SIGNED (Month, Day, Viper)								

SOG Idlewild

506 Idler 32. REGISTRAR'S SIGNATURE Graha Devision Randelle

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DHMH-16 Rev 1/89

REG. NO.

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after death. Page 6 may

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L RECORDS, P.O. BOX 13146,	certificate
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OF VI	PHYSICIAN:
DIVISION OF VITAL	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 in
5	SPITAL OF

FOR STATE REGISTRAR 1. DECEMENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Clara 90 Sampson 3 : 525. SEX AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (St Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 03 -925 98. FACILITY NAME (If not inst 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital DIRECTOR Easton Talbot RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 LAND acr FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE - American Indian, Black, White, etc. 1 YES FORCES? 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY ndery (9/12) College (1-4 or 5+) 100 17. FATHER'S NAME (First, Middle, Le 18. MOTHER'S NAME (First, MINUS) F BE notified 19a. INFORMANT'S NAME (Typo/Pr 19b. MAILING ADDRESS /Str 0 pe 20s. METHOD OF DISPOSITION 1 Deuriel 2 Cremetion 20b. PLACE OF DISPOSITION (Na must t 3 - Removal from State 4 Donation 6 Other (Specify) uno 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY een signed by the attending physician and completely filled in by the of Health and Mental Hygiene prior to burial, cremation, or removal. nous medicai 23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel the disease or condition ACUTEMIT resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other i OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY MEDICAL ASCYD shows any 1 YES 2 NO OF DEATH? CHI 1 YES 2 NO has been PERMINENT PACOR PHYSICIAN: State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one item EXAMINER? **EXAMINER?** After this certificate death with the State HOSPITAL:
1 | Inpettent 2 | AER/Outpettent 3 | DOA OTHER: 4 🗌 Nun ne 5 🗆 Residence 6 🗀 Other (Specify) 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, OESCRIBE NOW INJURY OCCURED marked. 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28s. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, Clin. or Town, State) 28 is 8 Could not be determined THE FUNERAL DIRECTOR: COMPLETED 4 Homicide ilem 2 29a. CERTIFIER 1 X CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: If MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner as stated. 296. SIGNAPURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 5 5 5 2 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Route 3. , M,D EVIN LOSPE 32. REGISTRAR'S SIGNATURE Julia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR

	ian.	transit permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPI	TO THE FUNER be filed within	IMPORTANT:

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) Rita Cec		ith				ATE OF DEATH DA		YEAR	3. TIME OF DEATH 3:31 A M
	4. SOCIAL SECURITY NUMBER	_ xx	(in yrs. last birthday)	MONTHS DAVE MOURS MIN				7. DATE OF BIRTH 8. BIRTHP (Month, Day, Year) Country)		
	220 - 18 - 7710 9e. FACILITY NAME (If not institution, give		64 YRS.	9b CITY TOV	N OR LOCATION OF		rch 4, 1		Mar NTY OF D	yland
OR	Memorial Hosp			Eas		DEATH			albo	
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY	10c CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY
DIRECTOR	Maryland Quee	en Anne's		ntrevi						LIMITS?
	10. STREET AND NUMBER				10f. ZIP CODE			10g. CITI	VHAT COUNTRY?	
FUNERAL	111 Happy Lady La				21617			United States		
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS	DECENDENT OF HIS specify Cuben, Me (ES 2 NO Sp	SPANIC OF xtcen, Pue secily:	NGIN? (Specify Yee erto Ricen, etc.)	or No-	Speci	- American Indian, d, White, atc. My: nite
TED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S (Give kind of	work done during			16b. KIND OF BUS	INESS/IND	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilita. Do NOT u	Wife			ı	Tome		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (F)	irst, Middle, Maiden S			
BE	Charles Raymor				Loui				ess	
TO E	198. INFORMANT'S NAME (Type/Print) F Ernest M. Smith	lusband					Number, City or Town			617
Ė		201	b. PLACE OF DISPO				treville	CATION -		
	1 X Burial 2 Cremetion 3 Ref 4 Donation 5 Other (Specify)	1722790 St	t. Peter							Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	ames H. Bart	on, Jr.		Barton I	FACILITY	al Home			
	Jone 4. 1:	South H.	,		P.O. Box	222	2, Centre			MD 21617
	23. PART I Enter the diseeses, or shock, or heert failure	complications that believed. List only one cause on a	d the death. Do	not enter the	mode of dying,	such as	cerdlec or respin	ratory arr	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) e. Co~5(5)iv2 war fin'/vrt								Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
ICA	ceuse. Enter UNDERLYING CAUSE (Disease or injury	C, DUE TO OR AS	A CONSEQUENCE O	· E) -						
RTI	that initiated events resulting in deeth) LAST	o. Seveni Go.			1 licra	,=				VAC
	PART II Other significant condition						1 Las 200 au	ALPTODON .	1.00	1
: MEDICAL	Dinbertes 1 Yes 2 Find COM							WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			21	. PLACE OF DEATH	(Check or	ly one)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 🗆 DOA	OTHER:	tome 8 🗆 Resider	ice 8 🗆	Other (Specify)			
	27. MANNER OF DEATH 1 ☑ Return 5 ☐ Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR 1N	JURY	INJURY AT WORK?		OEŞCRIBE HOW I	YJURY OC	CUREO	
ВУ	2 Accident Investigation	28e. PLACE OF INJURY	Y — At home, farm,		YES 2 NO	_	LOCATION (Street e	nd Number	r or Rural i	Route Number
TEC	4 Homicide 8 Could not be determined	building, etc. (Spe	oclfy)				City or Town, State)			
COMPLETED	, , , , , , , , , , , , , , , , , , , ,	SICIAN: To the best of my know IER: On the basis of examination								end manner as stated.
BE C	29b. SIGNATURE AND TITLE OF GERTIFI				29c. LICENSE	NUMBER	11111	29d. DAT	E SIGNED	(Month, Day, Year)
10	30. NAME AND ANDRESS OF PERSON W	Low M	M)	Print) T	md 1	1) 3.	1466	1	119	190
	Ludwig T. F	91-52 / BR	III N	Print) Luc	783.	BISE	eder,III	M.I	77~	aston, MD.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	1	, , , ,	-/1	, 00			,
	JAN 2 2 90	grina Davidson	-Randell							

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

WHILEN FERRIS

31. DATE FILEO (Month, Dey, Year)

JAN 19 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

701

32. REGISTRAR'S SIGNATURE

ROSS MOU KUI

wha Davidson Randall.

SILVER SPRING MAD 20906

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Salguero 12:19 AM Frances 1990 January A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. y. Year) MONTHS DAYS HOURS MIN. 578-10-2764 1 🗌 M 2 🏋 F 86 YRS 1903 PA Apr. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery General Hospital Olney, Montgamery RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE MD Prince George's Upper Marlboro 1 X YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 7814 Locris Drive 20772 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White 3X Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

(Sham kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5 +) Department Head Retail 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Raymond Walter Addy Travis Osborne 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Manuel M. Salguero, Jr. 7814 Locris Dr., Upper Marlboro, 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata Mt. Comfort Crematory Alexandria, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
JOSeph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Wash. 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. interval Between Septicemia of undetermined source Onset and Death **IMMEDIATE CAUSE (Fine)** Septicemos disease or condition_ of undeferment salue 2 days resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidenca 6 | Other (Specify) 1 YES 2 NO 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF GEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER WHEN 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) (cosevey th Arrumo MA AF312 6213

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OF VITAL	RECORD	S, P.O.	BOX	13146,		BALTIMORE	, MARYLA	BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PHYSICIAN: The I	aw requires that the	ne death cert	ificate be	executed within	4 nours after	r death. Page 6 ma	y be retained by th	e hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trans be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burlal, cremation, or removal.	this certificate ha	s been signed by apt. of Health and	the attending Mental Hygie	physician ene prior to	and completely burial, cremati	filled in by the	ne funeral director, j al.	age 5 should be d	etached for use as the burial-trans
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	rked, or item 2	3 shows any li	njury, or ot	her traur	natic event, t	ne medical	examiner must	be notified at o	nce.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

use as the burial-transit permit.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			0		CE	RTIF	ICATE			ГН	III III	REG. N	0.		
1. DECEDENT'S NAME (First	A DEL	LA SO	ORRELI	٦)			re				2. DATE	OF DEATH	DAY	YEAR 1998	3. TIME OF DEATH 22-57) M
4. SOCIAL SECURITY NUME	BER	5. SE	x	6. AGE (in yrs. last		IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	8	1	IPLACE (State or Foreign
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9a. FACILITY NAME (If not in	nstitution, gir	ve street and	f number)			-	9b. CITY	TOWN O	R LOCATIO	ON OF DE		. 10,		INTY OF D	
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10a. STATE	10b. COU					10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
VIRGINIA						5	STAUN	TON						į	LIMITS?
10e. STREET AND NUMBER								10f.	ZIP CODI	Ē			10g. CIT	IZEN OF V	WHAT COUNTRY?
132 BELLVIEV	J STR	TET						1	24401				1	J. S.	Δ
11. MARITAL STATUS	V DIII	12. W	AS DECEDEN	T EVER IN	U.S. ARK	AED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN	17 (Specify Y		14. RACI	E — American Indian,
1 Never Married 2 3 XXWidowed 4 Divo			YES, GIVE V			0			city Cuba 2X NO			Ricen, etc.)		Spec	k, White, atc.
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UNKNOWN	1				HOM	IEMAI	KER					OWN H	HOME		
17. FATHER'S NAME (First, M	fiddle, Last)								18. MOTE	HER'S NA	ME (First,	Middle, Maide			
JOHN RANDOLE	PH FI	X							MA	RTH	A MAY	ARMS	STRONG	3	
19a. INFORMANT'S NAME (Type/Print)				19b.	. MAILING	ADDRESS	S (Street a		_		ber, City or To			
MYRTLE L. BE	ENNIN	GTON				360	3 All	Lison	n St.	., В	rent	wood,	MD.	2072	2
20a. METHOD OF DISPOSIT	TON	an arrest day	04-4-	206	. PLACE C	OF DISPO	SITION (No	me of cen	netery, cren	natory or		20c. L	OCATION -	City or To	own, State
4 Donation 5 Other	r (Specify) _	TEMOVEI THE	HIT STATE	_ S	TONE	WALI	JAC	KSON	MEM	1. CI	EMETI	ERY LI	EXING	TON.	VIRGINIA
21. SIGNATURE OF FUNERA	L SERVICE	LICENSEE					22.	NAME AN	O ADDRES	SS OF FA	CILITY				
* Jack	C. %	Macs	ull	~					Y FU			OME,	ARLIN	GTON	, VA.
23. PART I. Enter the d shock, or h	iseases,	or complic	cations the	t caused	the dea	ath. Do i	not enter	the mo	da of dyl	ing, suc	h as can	diac or raa	piratory a	rrest,	Approximata Interval Between
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disease or condition	\rightarrow			NO	PUM	Lou	1	Law	MAI						
			DUE TO	(OR AS A	CONSEC	UENCE O	P. C	0.		^					
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CAUSE (Disease or Inju		C													
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resulting in death) LAS	"	d													
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Accident	Investigation	_					М	1 🗆 1	_	NO					
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4 Homicide	detarmine	•													-
	TIFYING PI	HYSICIAN: T	o the best o	my know	ledge, dec	ith occur	ed at the t	ime, data	and place	, and due	to the ce	use(a) and m	nenner as st	sted.	
one)	ICAL EXAM	MINER: On t	he basis of a	xeminatio	n and/or le	nvestigati	on, in my	opinion, d	eath occur	red at the	time, data	and place,	and due to t	the coline)	a) and manner as stated.
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Man	Jun	00	W	22/	m	/			0	23	143)	> 1	119	190
30. NAME AND ADDRESS O	WE	TZ NW	7575	SE OF DE	LOW.	May	G	On	u '	Sul	ma	elt	MI) (20770
	Year)		2. REGISTR	AR'S SIGN	ATURE	-			- 2)	-				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
c	DECEDENT'S NAME (First, Middle, Last)		2 DATE OF	DEATH

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			TIME OF DEATH	
George Lehma	nn Stel	las					January		1990	5:00	М
4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. In:	st birthday)	IF UNDER 1 YEAR	IF UNDE	1 24 HRS.	7. DATE OF BIRTH		, BIRTHPL	ACE (State or Forei	
078-10-2390	1 🛣 M 2 🗆 F	73	YRS.	HONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	016	Country)	** 1	
9a. FACILITY NAME (If not institution, give s	tmet and number)	/3		9b. CITY, TOW	N OB LOCAT	ON OF D	[5 15 FATH	916 1	Y OF DEAT	York	_
370 Old Bay		ad		Nort					Ceci		
RESIDENCE OF DECEDENT											_
De la wage 106. COUNT	1 Sus		10c. CITY,	TOWN OR LO	CATION				10	d. INSIDE CITY LIMITS?	
Maryland Ceci	1 045	sex	No	rth E	ast				1	YES 2 N)
100. STREET AND NUMBER SUSSEX L					10f. ZIP COD		19911	10g. CITIZE	EN OF WHA	T COUNTRY?	
370 01d Bay	View Ro	ANCERS L	ove		2190	1-	19966	U.S	Δ		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS D	ECENDENT	OF HISPA	NIC ORIGIN? (Specify Yes			American Indian, /hite, etc.	
1 Never Married 2 Married	IF YES, GIVE V	YES 2	NO		ES 2 NO		in, Puerto Rican, etc.) ly:		Specify:	rinte, etc.	
3 Widowed 4 Divorced	WW II				X				wh	ite	
15. DECEDENT'S EDU (Specify only highest grade				SUAL OCCUPA		na.	16b. KIND OF BU	SINESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5	1064	. Do NOT use	retired.)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
12	7		Mini	ster			Minis	trv			
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden				
Henry Stellg	es				Anı	na F	Eckhoff				
19a. INFORMANT'S NAME (Type/Print)	_	16	b. MAILING	ADDRESS (Street			Route Number, City or Tow	n, State, Zip C	Code)		
Una N. Stell	Pan	3	70 0	ld Ba	37 375	75.7 E	d. Nort	h Fac	- + I	MD 210	0.1
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSE	TION (Name of				CATION - CI			V I
1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other p			0 0-						
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poral 1	· COO	un	-	127	S. N	lain	St., No	rth E	Cast	MD 2	190
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ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. OUE TO	(OR AS A CONSE	EQUENCE OF)	:							
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27. MANNER OF DEATH	1 Inpetient 2 i		28b. TIME		INJURY AT	esidence	6 Other (Specify) 28d. DESCRIBE HOW	NJILIPY ASS	IRED		_
1 Natural 5 Pending	(Month, I	Day, Year)	INJU	IRY	WORK?	- NO	200. DEVORIBE NOW				
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3 Suicide 6 Could not be 4 Homicide determined	building	atc. (Specify)	corres, serris, et	eet, lectory, o	THE		26f. LOCATION (Street City or Town, State)		# PRITHE PIOUS	w Number,	
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anal anny	AND THE RESERVE OF						e to the cause(a) and ma time, data and place, ar			nd manner as stat	ed.
29b. SIGNATURE AND TITLE OF CERTIFIE	A	n			290 116	ENSE NU	MBED	204 DATE	SIGNEO ///	lonth, Day, Year)	
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30 NAME AND ADDRESS OF DEDROY WE	O COMPLETED CO	DE DE DEATH (T	EM OT	040		Ų-	70183		. 11	. 10	_
30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAL	OF DEATH (ITI	EM 21) (lype, :	rant)							
31. DATE FILED (Month, Day, Year)	P. REGISTA	AR'S SIGNATURE	do PQ								
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REGISTRAR 1. DECEDENT'S NAME (First	ret)	CERTI	-		2. DATE OF D	EATU	9 7045	000000
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4. SOCIAL SECURITY NUMBER	had a series of the series of	nyder AGE (In vrs. lest birthde	D JNDLE I YEAR	F UNDER 24 HRS.	7. DATE OF BI		8. BIRTHPLACE (S	Itata or Foreign
045-22-9724	1 🗆 M 2 🕟 F	62 YRS.	MONTHS DAVE		(Month, Day,	Year)	Country)	tato or toroign
9a. FACILITY NAME (If not institution,	give street and number)	02	96. CITY, TOWN	OR LOCATION OF D	12-10-		Pa. UNTY OF DEATH	
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Maryland Pri	nce George's	La	nham					S 2 X NO
7512 Dover La	ne			20706			S.A.	JNTRY7
11. MARITAL STATUS		EVER IN U.S. ARMEO	12 WMS D	ECENOENT OF HISPA	MIC OBIGINS (So		14. RACE — Ameri	lana ladian
1 Never Married 2 Married		YES 2 NO	If yes,	specify Cuben, Mexic	an, Puerto Rican,		Black, White, a	Mc.
3 Widowed 4 Divorced	ir res, dive war	N ON DAIES	''''	ES 2 XNO Speci	ny:		Specify: White	
15. DECEDENT' (Specify only highes)	S EDUCATION		'S USUAL OCCUPA of work done during		16b. KIND	OF BUSINESS/IF		
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17. FATHER'S NAME (First, Middle, La	st)					, Malden Surname)		
John Knovich					hine Se			
Daniel Snyder				and Number or Rural				
	31.	7		ane Lanh				
20s. METHOD OF DISPOSITION 1 Durisi 2 Cremetion 3	Removal from State	other place)	U O D V O D	Cemetery crematory or			Spring,	
4 Ponetion 5 Other (Specify)_	Oake Oi		Cemerer v	/	SILVE	Spring.	WIG.
21 SIGNATURE OF FUNERAL SERV								
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should be detached for use as the burial-trans-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach the flad within 72 hours after death with the State Dent, of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - STATE REGISTRAR	STATE OF MAR					DEAT			YGIENE IEG. NO.					
	1. DECEOENT'S NAME (First, Middle, L Delmar Rice							2	DATE OF I	DEATH DAY	19	YEAR 90	3. TIME OF 940	DEATH A	
	4. SOCIAL SECURITY NUMBER 213-16-9980	1 M 2 K F	GE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER		Month, De	HTHE	1	. BIRTH	PLACE (State		
TOR	Rt. 4, Box 241						Par	ON OF DEAT	H		Garr		EATH		
INECT	10a. STATE 10b. CO				v, town								10d. INSIDE	7	
RAL C	100. STREET AND NUMBER Rt. 4, Box 241	ITECC			Deer		. ZIP CODE	1550			10g. CITIZI		HAT COUNTI		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FDRCES? 1 1 1 IF YES, GIVE WAR D	ES 2 X			If yes, sp	ENDENT O	F HISPANIC n, Maxican, I		pecify Yes or	r No— 1	4. RACE	— American , White, atc.		
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 12th		(G	CEDENT'S live kind of Do NOT u	work done se retired.)	during mo	at of workin	g	300,0030	pping					
BE COM	17. FATHER'S NAME (First, Middle, Last Howard		s, Sr			-0-1	18. MOTH	nnie		le, Maiden Su	rname)		known)		
TO B	19a. INFORMANT'S NAME (Type/Print) Thurl W. Tower		191	b. MAILING						Maryl			550		
	20e, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 4 Donation 5 Other (Specify)		20b. PLACE other pl	ace)	klan	d Ce	meter	су		20c. LOCA 0a			wn, Stata Iaryla	nd	
	21. SIGNATURE OF FUNERAL SERVICE	6. Stavard			22.	Ste	wart	Fune econd	ral H	lome Oakl	and,	MD	2155	50	
	23. PART I. Enter the discounts, ahook, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. UPPET bue to (or	a US 1	TO 1 1	n + e	iti	na l	hei	morr				Interv Onse	eximate al Between and Des n î M -	sth
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Metas DUE TO (OR.	AS A CONSE	OUENCE C	PF):	noc	orci	nom	a_	-			/>	1001	
MEDICAL	PART II. Other significant cond	itions contributing to dea	th but not i	resulting	in the u	nderlyin	g cause g	given in Pa		WAS AN AL PERFORM	ED?	245.	WERE AUTOR AMAILABLE P COMPLETION DF DEATH?	RIOR TO I DF CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 50 NO	HOSPITAL:	Outpatient 3	DOA	OTHE 4 Nu	R:		EATH (Check		pecify)					
BY PH	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigat		ear)		JURY	1 🗌	JURY AT DRK? YES 2) NO		BE HOW INJ					
LETED	3 Suicide Could no determine	d	(Specify)						City or To	own, State)			Route Number,		
COMPLETED	(Check only one) 2 MEDICAL EXA	HYSICIAN: To the best of my i MINER: On the bests of examin	nation and/or	Investigati	on, in my		seath occur	red at the tin	ne, deta and	place, and	dua to the	cause(a			
TO BE	296. SIGNATURE AND TITLE OF CERT	WAY COMPLETED CAUSE OF	atte	nd iv	وأن	n		2.5		1			(Month, Day,		0

MD

Accident

aumann

JAN 25 90

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CI	ERTIFI	CATE	OF	DEATH		REG. NO).				
1. DECEDENT'S NAME (First, Middle, Las	1)	1						OF DEATN		V-10	3. TIME	E OF DEAT	TH
Emm Aline	188	ts					HTHOM		8 1	990	111	: 05	PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t hirthdey)	IF UNDER 1 1	YEAR	IF UNDER 24 HRS.	7. DATE C	, ,	0		7 "	(State or Fe	
213-22-4295	1 🗌 M 2 💢 F	79			DAYS	HOURS MIN.	(Month,	Day, Year)	1911	Count	iry)		ginia
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	о имо	R LOCATION OF DE	EATH		9c. CO	UNTY OF E	HTASC		
Goodwill Mennon	ite Home				Gra	antsvill	e		G	arre	tt		
10a. STATE 10b. COUR	VTY		10c. CITY	, TOWN OR		ION			*		10d. IN	ISIDE CIT	Υ
	rrett			0akla	and						1 🗆 Y	ES 2XX	NO
10e. STREET AND NUMBER					101.	ZIP CODE			10g. Ci	TIZEN OF	WHAT CO	UNTRY?	
Rt. 5 Box 49						21550				US	A		
11. MARITAL STATUS		T EVER IN U.S. AF				ENDENT OF HISPAN			e or No—	14. RAC	E — Ame	orican Indi	len,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		10			celty Cuben, Mexica 2 X NO Specifi		ican, arc.)		Spec			
15. DECEDENT'S E	DUCATION	16a. DE	CEDENT'S	USUAL OCC	UPATIO	N	16b.	KIND OF BL	JSINESS/II				
(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 8	(G	live kind of w . Do NOT us	rork done dui e retired.)	ring mos	st of working							
Elementary/Secondary (0-12)	College (1-4 or 5	,	Hous	sewife	e			Н	ome				
17. FATNER'S NAME (First, Middle, Last)						16. MOTNER'S NA	ME /First M						
		C	1010					ridore, marce	n Surname)		т	7	
Ezra		Sava				Birtie					- 1	Frier	10
(,,,		19				nd Number or Rural							
Orville C. Teet	S					0aklan	id, Ma						
20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	emoval from State	other pi	lace)			netery, cremetory or Cemetery			cation - klanc	- City or T	own, State		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1166	isalic			D ADDRESS OF FA		Vai	CLAIR	i Ha	. 1 9 10	illa	
· W	AAA	0				art Fune		lome					
Brakley	1. Dero	SUS		3:	2 S	outh Sec	ond S	Street	t Oa	aklan	d, N	1D 2	1550
23. PART I. Enter the diseases, it												рргохіп	
shock, or heart fallur	e. List only one cer	ise on such line											Between
IMMEDIATE CAUSE (Finsi diseese or condition	Coals		All	wi	1	H	1				`	711001 011	d Destii
resulting in death)	S. CHICAT	ORAGA CINSE	011		09	ראמוזו	77	+, cac	(
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Sequentially list conditions,	- LOTONE	(OR AS A CONSE			×1 >	TASE					_		
if eny, leading to immediate cause. Enter UNDERLYING	1).16	The A COMSE	h. 1	11							i		
CAUSE (Disesse or injury	a bain able	ys 1	·ull	illo									
that initiated events resulting in death) LAST	DUE 10	(OR AS A CONSE	OUENCE OF	·):							i		
resulting in death, Exst	_ d												
PART II. Other significant condit	ions contributing to	death but not	resulting i	n the und	arivino	cause given in	Part I	24s, WAS A	N AUTOPS	v 24	h WERE	AUTOPSY I	FINDINGS
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										1	1 🗌 Y	ES 2 [NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DEATH (C)	heck only on	e)					
1 TES 2 NO	1 Inpatient 2	ER/Outpatient	DOA	OTHER:		e 8 🗆 Residence	8 🗆 Other	(Specify)					
27. MANNER OF DEATH	28a. DATE OF		28b. TIM		Bc. INJ	URY AT	28d. DE\$	CRIBE HOW	INJURY C	CCURED			
1 Natural 5 Pending	(Month, L	vay, rear)	INJ	URY M		RK? /ES 2 NO							
2 Accident Investigation	28s. PLACE (OF INJURY — At h	ome, farm, s	street, factor	ry, office	•	28f. LOC	ATION (Stree	t and Numi	per or Rural	Route Nu	ımbec	
3 Suicide 8 Could not 4 Homicide determined	Dill building	etc. (Specify)						or Town, Stat				7.27	
29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best o	l my knowledge d	eath occurre	d at the tim	no, clate	and place and due	to the car	ne(a) and m	90097 24 5	tated.			
anal	INER: On the basis of										(a) and m	anner en	stated
		7		, wps				proce,					
296. SIGNATURE AND TITLE OF CERTIF	FIFT I	10				29c. LICENSE NU	MBER		29d. D.	ATE SIGNE	-)
10m C	DIE	1 mo				D 340	79			1-18	3-9	0	
TO. NAME AND ADDRESS OF PERSON		SE OF DEATH (ITE	EM 27) (Type,			1							
I / NAMES F 14	1254:36	MO		(>0	100	tsville	mi)					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

									FIEG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) JOSEPH PEARSON	TURNER							2. DATE OF DEATH MONTH January 1	5, 19	90	3. TIME OF DEATH 8:46 pm
	4. SOCIAL SECURITY NUMBER 215-01-3512	5. SEX 1 📉 M 2 🗌 F	8. AGE (In yrs. less	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 18,1		8. BIRTH	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give s Citizens Nursing						rick			9c. COU	eder:	
DIRECTOR	Maryland Fre	derick			der:	or locat	TION					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
	10e. STREET AND NUMBER					101	ZIP COD	E		10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	203 Rockwell Ter						2170	1		U	.S.A.	•
B	11. MARITAL STATUS 1 Never Merried 2 K Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 21 AN	MED		If yee, sp		n, Mexica	NIC ORIGIN? (Specify Yes, Puerto Ricen, atc.)	e or No—		— American Indian, , White, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON list of working	3/7	18b. KIND OF BU	SINESS/INI	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 - 1 year	Au	to Sa	alesi	man	ot or working	9	Sales	man		
Š I	17. FATHER'S NAME (First, Middle, Last)	П							ME (First, Middle, Malden	-		
BE		Turner						ancy			rner	
10	19e. INFORMANT'S NAME (Type/Print) Helen Roe Turner			203	Roo	ckwe	11 T	erra	Route Number, City or Tow ce Frederi	ck,	Md. 2	
	20e. METHOD OF DISPOSITION 1		20b. PLACE other ple Smit	of dispos nsbur	rg Cr	rema	tory		Sm	cation —		wn, State , Wash . Co . Md
	21. SIGNATURE OF PUNCTIAL SERVICE OF	Billey	A		R	OBER	T E.	DAI		FUNE	RAL H	HOMES, P.A.
	23. PART L Enter III disease of shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		cardi		Lau	the mo	de of dy	ing, auc	h aa cardlec or resp	iratory ar	reat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSEC	0		ue	uì .	d	% .			
	PART II. Other algnificant condition	ns contributing to	death but not r	esulting i	In the ur	nderlyin	g ceuse	given in	Part I. 24s. WAS AI	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
: MEDICA									PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	neck only one)			
	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	raing Hon	10 8 🗆 R	eeldence	8 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, E	INJURY lay; Year)	28b. TIM		28c. IN.	JURY AT ORK? YES 2 [28d. DESCRIBE HOW	INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At ho atc. (Specify)	rme, term, s	street, fac	tory, offic	•		28t. LOCATION (Street City or Town, State		r or Rural F	Route Number,
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TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	5 4	fugl	u	/		29c. LIC	2 5	MBER / / /			y 16, 1990
	30. NAME AND ADDRESS OF PERSON WI Robert S. Hughes	. M.D.	700	Mont		ire	Ave.	Fre	derick, Md	. 21	701	
	31. DATE FILED (Month, Day, Year) JAN 1 6 1990	fulia Da	HODON- MONE	less	-							

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H. Farkas,
31. DATE FILEO (Month, Day, Year)
JAN 23'90

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<u> </u>	17. FATHER'S NAME (First, Middle, Last)	N/A		Omen	laker		18. MOTHER'S N	AME (Flori		Company			
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BE	George R. Jo	nes											
2	19a. INFORMANT'S NAME (Type/Print)						d Number or Run						
	Donald B Tho	mpson,					t., M						
	20c. METHOD OF DISPOSITION 1 K Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commetery, cremetory or other piece) St. Mark's Cemetery 20c. LOCATION - City or Town, State Perryville, MD 21903												
	22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home												
	127 S. Main St., North East,												
	· Notes y	lu		_	Cr 12	OUC 27 S	ch Fun S. Mai	eral n St	Home	rth	Ea		
	23. PART I. Enter the diseases, or ahock, or heart failur				Cr 12	OUC 27 S	ch Fun S. Mai	eral n St	Home	rth	Ea	st,	MD 219
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M.D., Northern Chesapeake Hospice, Elkton, 32. REGISTRAR'S SIGNATURE

Scha Tavidson-Pandace

OHMH-18 Rev 1/89

MD

DHMH-16 Rev 1/89

		nit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit per ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MENT	AL HYGIEN	E		021	
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			. TIME OF DEA	OTH .
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The same	044-36-3993 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 🔀 F	78 YRS.				MARC		1911 C	ONNI	ECTICUT	Γ
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BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 XNO	14	yes, specif	y Cuban, Maxic	en, Puerto	IN? (Specify Yea Rican, atc.)	or No 14.	Black, Y	- American Ind White, etc. WHITE	len,
<u>E</u>	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OC	CUPATION	l working	16	b, KIND OF BUS	SINESS/INDUST	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	e retired.)								
MP	17. FATHER'S NAME (First, Middle, Last)	T MA	NAGER				TY COM.	PANY	-			
	JOHN TAMBURRO					ENDE	Middle, Maiden	Surname)				
H	19a. INFORMANT'S NAME (Type/Print)		ADDRESS				nber, City or Town	n, State, Zip Co	de)		_	
2	MARY ELLEN DAKIN	N (DAUGHTER)	17808	PRIN	CE AN	NE DRI	VE,	OLNEY,	MARYL	AND	20832)
	20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Rem	oval from State	PLACE OF DISPOS	ITION (Nan	ne of comete	ery, cremetory or	ry or 20c. LOCATION City or Town, State					
	4 Donation 6 Other (Specify)	M	T. ST. B				S OF FACILITY					CICUT
	22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20											
Щ	10/04/14	uceary		50	0 UNI	VERSIT	Y BL	VD., W.	, SIL	. SP	, MD	
	23. PART I. Enter the diseases, prospective.	complications that caused Liet only one cause on e		ot enter	the mode	of dying, su	ch es ce	rdiec or respi	ratory arrest	1	Approxin	Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. Cestro Fallotte Due to (or as a consequence of):											nd Desth
	resulting in death)	BUE TO (OR AS A	CONSEQUENCE OF	7:							-	
z												
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate DUE TO OR AS A CONSEDUENCE OF):											
2	cause, Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events DUE TO (DR AS A CONSEDUENCE OF): resulting in death) LAST											
	2427 11 011 1 111 111	0									+	
CAL	PART II. Other significent condition	s contributing to death b	ut not resulting I	n the und	derlying c	euse given in	Part I,	24e. WAS AN PERFOR		A	VERE AUTOPSY I MAILABLE PRIOR COMPLETION OF	R TO
PHYSICIAN: MEDIC							_	1 TYES 2	NO NO	٥	F DEATH?	
₹ :										Ι'	YES 2	NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					E OF DEATH (C	heck only	one)				
SIC	1 VES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☑ ER/Outp	patient 3 DOA	OTHER		5 🗆 Residence	6 🗆 Ot	her (Specify)				
PH	27. MANNER OF DEATH 1	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY	28c. INJUR WORK	Y AT	26d. D	EŞCRIBE HOW I	NJURY OCCUR	ED		
BY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY		М		2 ND						
COMPLETED	3 Suicide 6 Could not be detarmined		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
PLE		ICIAN: To the best of my know	ledge, death occurre	d at the fli	me, data an	d place, and du	e to the c	ause(a) and mar	nner as stated.			
O	One) 2 MEDICAL EXAMINE	ER: On the basis of examination	n and/or investigatio	n, in my o	pinion, deat	h occured at th	e time, da	ta and place, an	d due to the c	ause(a) a	ind manner as	stated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIE	9c. LICENSE NU	MBER		29d. DATE S	GNED (A	Aonth, Day, Year	')				
TO E	pulm	dayar san				10241	71		1/	17/	96	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			0	2085						
	JAN 18'90) In Sin Si	avidson Par	dass.								

3. TIME OF DEATH 9:414

10d. INSIDE CITY LIMITS? XX YES 2 NO

14. RACE - American Indian, Black, White, atc. Specify: White

8. BIRTHPLACE (State or Foreign 1918 Maryland

9c. COUNTY OF DEATH A.A.

10g. CITIZEN OF WHAT COUNTRY? USA

1 - FOR STATE REGISTRAR

20

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

		WALT	ER '	IAYL	OR		month	19 - 98		
-	1	4. SOCIAL SECURITY NUMBER 5. SE		In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou		
())	9s. FACILITY NAME (If not institution, give street and	_ /1	YRS.	at ofth your	N OR LOCATION OF	December	31, 1918		
()	1 0	DOA Anne Arundel Gen		1		napolis,		9c. COUNTY OF		
#4 —	18	RESIDENCE OF DECEDENT	10000			apozzo,	1100	111111		
Pages	DIRECTOR	10e. STATE 10b. COUNTY			r, TOWN OR LO					
Į.		Maryland AA		Anna	polis,			Later		
46 physician. burial-transit permit.	FUNERAL	1725 Cedar Park Ro	ad			101. ZIP CODE 21401		10g. CITIZEN OF		
21203-3146 Ial or attending physician for use as the burial-tra	BY	A CONTRACTOR OF STREET	AS DECEDENT EVER IN DRICES? 1 KLYES YES, GIVE WAR OR DA TY WW 2	2 NO	If yes,	ECENDENT OF HISP specify Cubsn, Mexi ES 公文NO Spe	ANIC ORIGIN? (Specify Y can, Puerto Rican, etc.) Offy: NO	tee or No— 14. RA Bla Spot		
zo3-37 r attending use as the	9	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	ted)	DENT'S USUAL OCCUPATION Rind of work done during most of working 16b. KIND OF BUSINESS/INDUST						
	COMPLETED		ege (1-4 or 5+)	Prof. At	e retired.)	s Hopkins	s Univ.	(Oceanogr		
the hospit detached	S S	17. FATHER'S NAME (First, Middle, Last)	NAME (First, Middle, Maide	n Surname)						
<u> </u>	ш	Walter Rowland	Taylor	(Sr.)		Eva	Dorrida			
be retained by the hosping 5 should be detached notified at once.	0	190. INFORMANT'S NAME (Type/Print) Naomi Russell Taylor	(Wife)			et end Number or Run Park Road	al Route Number, City or To			
y bery ben		20a. METHOD OF DISPOSITION MATTIE						OCATION City or		
OME, e 6 may ector, pa		1 Donation 5 Other (Specify)	am Ctoto	other place) lester Ce		(Jan.		Chesterto		
Page 6 r		21. SENATURE OF FUNERAL SERVICE LICENSEE		00		AND ADDRESS OF		Box # 2		
BALLIMORE, and the death. Page 6 may be by the funeral director, page moval.		1 Wille	D W	ello	J.	Willis We		stertown,		
P.O. BOX 13146, authoriticate be executed with transding physician and completely filled in tall Hygiene prior to burial, cremation, or rea or other traumatic event, the medi	CERTIFICATION	23. PART I. Entar the diseases, or compliant conditions as a condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART if. Other significant conditions conditions conditions.	DUE TO (OR AS A	CONSEQUENCE OF	Ollle Hype T:	al mpa EREUS	KCK LOY	AN AUTOPSY 2 ORMED? 2		
requires that the been signed by the signed by the shaws any I	N: MEDIC						1 🗆 YES			
N: The cate h	<u> </u>		SPITAL:		OTHER:	PLACE OF DEATH				
N OF VITAL NG PHYSICIAN: The law firer this certificate has lasth with the State Dept	. ×		npatient 2 ER/Outp 26s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DE\$CRIBE HOW	V INJURY OCCURED		
TENDING TOR: After after death	0	2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,			281. LOCATION (Stree City or Town, Ste			
TAL OR VAL DIRE	5	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On 8								
TO THE HOSPI TO THE FUNER be filed within	BE	29b. SIGNATURE AND TITLE OF CERTIPIER	oma	ellom	600	29¢ LICENSE P	810	29d. DATE SIGN		
FFD	일	30, NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)					

1. DECEDENT'S NAME (First, Middle, Last) WALTER ROWLAND TAYLOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

ceanography) iumame) State, Zip Code) Md. 21401 ATION -- City or Town, Stats estertown, Md.21620 Box # 264 ertown, Md. 21620 etory arrest, Approximata Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE WTOPSY NO OF DEATH? 1 | YES 2 | NO LIURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 11 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 29d. DATE SIGNED (Month, Day, Year) 2120 DHMH-18 Rev t/89

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N.B	las l	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Hours after death, Page 6 may be retained by the hospital properties of the second of the seco	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after death with the State Dent of Health and Mental Hotelere prior to burial. cremation, or removal.	IMPORTANT: If from 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
n		2 DATE O	E DEATH

FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		ENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Lest					2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH				
ADA 4. SOCIAL SECURITY NUMBER	ELIZABETH 5. SEX 6. AGE (1)		IOMAS	UNDER 24 HRS.	7. DATE OF BIRTH	1990	12:05				
	1 M 2 X F	MC MC		UNDER 24 MRS.	(Month, Day, Year)						
212-09-7663 90. FACILITY NAME (If not institution, give	-	13	b. CITY, TOWN OR L	OCATION OF DEA	1- 8- 1915	MAI	RYLAND				
PENINSULA GEN			SALIS				OMICO				
RESIDENCE OF DECEDENT 100, STATE 10b, COUN	TY	10c. CITY. 3	TOWN OR LOCATION				10d, INSIDE CITY				
	COMICO		ELA SPRI	NCS			LIMITS?				
10e. STREET AND NUMBER	.0011100	12110	101, ZIF		10	g. CITIZEN OF	WHAT COUNTRY?				
SPRING GROVE RD				21837			USA				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENT OF HISPANIC	ORIGIN? (Specify Yee or	No- 14. RA	CE — American Indien, ick, White, atc.				
1 Never Married 2 Merried 3 N Widowed 4 Divorced	FORCES? 1 YES			NO Specify:	Puerto Rican, etc.)		ecity:				
			<u> </u>			l	WHITE				
15. DECEDENT'S ED (Specify only highest gree	de completed)	(Give kind of work	SUAL OCCUPATION is done during most of retired.)	working	16b. KIND OF BUSINI	ESS/INDUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5 +)				77.40	ODW					
10 YEARS 17. FATHER'S NAME (First, Middle, Last)		SEAMSTR		MOTHER'S NAM	FACT						
HILARY		ATH	10	HELEN	E (First, Middle, Maiden Sur	,	מי				
190. INFORMANT'S NAME (Type/Print)	HE		DDBESS (Street and I		oute Number, City or Town, S	MOHILE The Code	k K				
KATHERYN WIMBRO	NL7		2000								
200, METHOD OF DISPOSITION	19/90 206	PLACE OF DISPOSIT	TON /Name of cameter	rv. cremetory or	DEL. 199		Town, State				
20e. METHOD OF DISPOSITION 1/19/90 1 M Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or MARDELA MEMORIAL CEMETERY MARDELA SPRINGS, MD											
AN CONTACT OF THE AND ADDRESS OF FACULTY											
· Auton	Hallowa	1			RAL HOME, PA RD, SALISE						
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause Final Disease of the conditions of the condi											
trany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST d											
PART II. Other significent conditi	ons continuoting to death i	at not resulting in	the underlying C	suse given in r	24e, WAS AN AU PERFORME 1 YES 2	:D?	44b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			26. PLAC	E OF DEATH (Che	ck only one)						
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs	patient 3 DOA 4	OTHER:	5 - Residence	3 Other (Specify)						
27. MANAER OF DEATH	28a. DATE OF INJURY	28b. TIME		/ AT	28d. DESCRIBE HOW INJ	JRY OCCURED					
14 Natural 5 Pending	(Month, Day, Year)	INJUF	M 1 WORK								
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e, PLACE OF INJURY	Number or Run	el Route Number,								
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due							se(s) end manner ee stated.				
29b. SIGNATURE AND TITLE OF CENTUR											
	Oson.		21	De. LICENSE NUM	174 1	DATE SIGN	IED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON I	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Non P	Print)	120	011	. (((0 (10				
JA Cocle	7 (0)	o Po	wer	5+.	, Salisb	uny	, md zu				
31. DATE PIÈSE (MONT) AN 1 8 3	112 REGISTRAR'S SIGN	Dacydon - Can	plants.			7					

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law leguings used use upont continued to executed within 27 thous error upont. Faye o likely	has been signed by the attending physician and completely filled in by the funeral director, p 5 per size	Į,	ij
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BALTIMORE, NATHEND 21203-3146

BOX 13146,

RECORDS, P.O.

DIVISION OF VITAL

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OR ATTENDING PHYSICIAN:

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DIRECTOR: A hours after d 40

FUNERAL I within 72 h HOSPITAL

THE Fee

223

IMPORTANT:

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

, 10

32. REGISTRAR'S SIGNATURE

Gichia Barielson- Manyhola

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JAN 16

31. DATE FILED (Month, Day,

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marked,

1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 O YEAR William Τ. THOMPSON 104 1 0 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS HOURS MIN. 221-07-2893 1 XM 2 F 79 VDS July 6, 1910 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA GENERAL HOSPITAL SALISBURY, MARYLAND WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Del. Sussex Milford 1 NES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 508 Wisseman Ave. 19963 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Bleck, White, atc. 1 Never Married 2 Married Specify: White BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple ost of working Elementary/Secondary (0-12) College (1-4 or 5+) 1 Service Manager Auto Dealer 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Taylor Thompson H Edna Hill 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bρ Elizabeth H. Thompson 508 Wisseman Ave. Milford, Delaware 19963 20m METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20s METHOD OF DISPOSITION

1 | Buriel 2 | Cremation 3 | Removal from State

4 | Donation 5 | Other (Specify) Odd Fellows Cemetery Milford, Del. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 705 E. Main St. Keith Bounds Funeral Home Salisbury, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feilure. Liet only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition QUETO (OR AS A CONSEQUENCE OF DAYS reaulting in death) Mirarduil DAYS Lucusto CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate tocoo ceuse. Enter UNDERLYING YKE. CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAII ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28b. TIME OF INJURY 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide 29e. CERTIFIER
Chack only

1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE anula N331 mo

PG-MMZ

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cramation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIL OF I	MAKTLANU / CE	RTIF	ICATE	OF	DEAT	H	MENIAL H	EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH			3. TIME OF	DEATH
		David Wi	lliam Ta	ylor					Jan. 2		990	YEAR	12:19	A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	_			# UNGER	24 HRS.	7. DATE OF B (Month, De)	IRTH		8. BIRT	HPLACE (State	
	233-48-7253	1 💢 M 2 🗌 F	1 X M 2 □ F 58			DAYS	HOURS	MIN.	Jan. 2	. 19	32	W	Va.	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CIT			R LOCATIO					JNTY OF		
DIRECTOR	Garrett County I	Memorial	Hospita1		0a	ak1aı	nd		Garrett					
EC	10e. STATE 10b. COUN	TY	10c. CIT	TY, TOWN O	R LOCATI	ION						10d, INSIDE	CITY	
E E	Maryland Gar:	rett		F	riend	lsvi	lle						1 YES	
	10e. STREET AND NUMBER					101.	ZIP CODE		10g, CITIZE				WHAT COUNT	
FUNERAL	Route 2, Box 8						2153	31			1	USA		
N	11. MARITAL STATUS		NT EVER IN U.S. AR		13. \	WAS DECE			IIC ORIGIN? (Sp	ecify Yes	or No-	14. BAG	CE — American	n Indian,
	1 Never Married 2 X Married	FORCES?	NAT OR DATES				n, Maxicar Specify	n, Puerto Ricen	, sic.)		Spe	ck, White, etc.		
ВУ	3 Widowed 4 Divorced		n Confli						ory.				Whit	e
63	15. DECEDENT'S ED (Specify only highest gra	OUCATION de completed)	16a. DE	CEDENT'S	USUAL OC	CCUPATIO	N of of working	2	16b. KINI	OF BU	SINESS/IN	DUSTRY		
ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done dise retired.)		N OF WORKER	v						
MP.	12		Tru	ck D	river				Pet	role	um			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)								ME (First, Middle		Surname)		100	
BE (Clarence Taylor						Pau	uline	e Thoma	as				
TO E	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRESS	(Street ar	nd Number	or Rural F	Poute Number, C	ity or Tow	n, State, Z	ip Code)		
-	Ellen A. Taylor								dsville	e, M	D 2	1531		
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Re	moval from State	20b. PLACE other pl	ece)				natory or		20c. LO	CATION -	- City or 1	Town, State	
	4 Donation 5 Other (Specify)		Webb	Chap			-		Hazelton, WV					
	21. SIGNATURE OF FUNERAL SERVICE I	HERNSEE	1				D ADDRES				D .			
	W. Lynd	bush	(au)						al Home					
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST Onset and Death Accuste Acquired Lagrangian Lagrangian Lagrang													
		d												
: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUT PERFORMET 1 — YES 2									RMED?	IMED? AMAILABLE PRIOR TO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	T				26 Pt	ACE OF D	EATH /Ch	eck only one)					
200	EXAMINER?	HOSPITAL:	☐ ER/Outpetlant 3	□ DO4	OTHER	₹:		-						
PHYS	27. MANNER OF DEATH	28a, DATE O		28b. Til		28c, INJI		sidence	8 Other (Sp. 28d. DESCRIE		INJURY O	CCURED		
BY I	1 Natural 5 Pending Investigation	,	OF INJURY — AI ho		М	1 🗌 Y	ES 2	NO	ani Looitto	N (10)				
TED	3 Suicide 6 Could not b 4 Homicide determined	building	, etc. (Specify)	erre, territ,	street, isci	ory, ornici			City or To			er or Hura	I Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM												o(s) and manne	r se stated.
BE	296. SIGNATURE AND TITLE OF CENTER	1-26	and it	1	10		20c. LICE	INSE NUR	MOEIR				24- C	
0	30. MATRE AND ADDRESS OF PERSON V					,								
. 13	21. CANADA MORET LE	Wis, M.D.		T.C.	a, wv		_	_		_				
4	JAN 2 7 - 00/	9	- Along											

the medical examiner traumatic event, other 0 injury, shows any THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has bit filed within 72 hours after death with the State Dept. item 23 marked, or

MEDICAL

PHYSICIAN:

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TO THE FUNERAL
TO THE FUNERAL
De filed within 72 P

	FOR STATE REGISTRAR		STATE OF M			RTMENT				MENTAL	HYGIEN	E	90	0264	0
	1. DECEOENT'S NAME (First,	Middle, Last)								2. DATE O	FOEATN			3. TIME OF DEATN	
	Bonni	е	IRENE VINS			NSON				MONTH 16MY 9		90	1731	М	
	4. SOCIAL SECURITY NUMB	ER	5. SEX 6. AGE (In yrs. last				1 YEAR	EAR IF UNDER 24 HRS.		7. DATE OF			8. BIRTNPLACE (State or Foreig		ın
	323-22-1391		1 🗆 M 2 🔯 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	09-	09-25-14		N. CAROLINA		
	9a. FACILITY NAME (If not in:		9b, CITY,			OR LOCATI	ON OF DE	EATN		9c. CO	UNTY OF DEATN				
OR O	Peninsul	spital		S	ali	sbui	ry			W:	icom	ico			
2	RESIDENCE OF DEC	10b. COUNT	Y 10c. CITY				OR LOCAT	NON						10d. INSIDE CITY	
DIRECTOR	MARYLAND		100.0111,				[SBU]							LIMITS?	,
	10e. STREET AND NUMBER	1120	011100					. ZIP COD	E			10g. CF		HAT COUNTRY?	
FUNERAL	408 CAMDEN	AVE.						2	1801				USA		
3	11. MARITAL STATUS		12. WAS DECEDENT							VIC ORIGIN?		or No-	14. BACE	- American Indian,	
BY F	1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1 [IF YES, GIVE WA		NO			2 NO		in, Puerlo Ric y:	en, etc.)		Black, Specify	White white	
0	15. DEC	16a. DE	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
	(Specify only Elementary/Secondary (0	(G	Iffe. Do NOT use retired.)												
립	10 YEARS		PRACTICAL NURSE NURSING						G						
COMPLETED	10 YEARS UNK PRACTICAL NURSE NURSING 17. FATHER'S NAME (First, Middle, Leat) 18. MOTHER'S NAME (First, Middle, Malden Surname)														
S I	DANIEL	CE	BERT	ARRI	NGTO	N		M.	INNI	E	TI	LA	SMA	THERS	
0	19a. INFORMANT'S NAME (7)		DENT				\$ (Street a	-		Route Number			(ip Code)		
٩	ARLOIS RRI	CE			408	CAMDI	EN A	VE,	SALI	SBURY.	MD 2	2180	1		
	20a. METNOD OF DISPOSITE	ON	ovel from State	20b. PLACE	408 CAMDEN AVE, SALISBURY, MD 21801 20b. PLACE OF OISPOSITION (Name of cometery, cremetory or BALSAM BAPTIST CHURCH CEMETERY BALSAM, N.						- City or Tov				
	4 Donation 5 Other			BALS	AM B								, N.C	•	
	21. SIGNATURE OF FUNERAL					22. H(NAME AL	JAY	SS OF FA	CILITY RAL HO	ME.P	4			
	> golsy	20.1	Solla	suf						RD, S			, MD	21801	
CERTIFICATION	23. PART i. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	D.	not anter	r the mo	de of dy	ing, auc		c or reapi	ratory a	rrest,	Approximata Interval Betw Onset end D	veen			
	Sequentially list conditi if any, leading to immed cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	OR AS A CONSE													
S			0												

PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 26. PLACE OF OEATH (Check only one)

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 X YES 2 NO OTHER: 1 ☐ Inpetient 2 XER/Outpetient 3 ☐ DOA me 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 🔀 Natural M 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined 4 🔲 Homicide

1 ___ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER D03599 Deputy M.E.

29d. DATE SIGNEO (Month, Day, Year) 01-16-90

USE OF OEATH (ITEM 27) (Type, Print)

Bulkeleyy John T. M.D.

504 Elberta Avenue-

Salisbury, Maryland

31. DATE FILED (Month, Day, Year JAN 1 8

29b. SIGNATURE AND TITLE OF CERTIFIER



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(2, 3 ahouse	стов	5 7 90. I
BALTIMORE, MARYLAND 21203-3146 ter death. Page 6 may be retained by the hosoital or attending physician.	e funeral director, page 5 should be detached for use as the burial-transit permit. Pages al. examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	5 7 9e. 1 10a. MI 10a. 3 C 11. h 1 3 C 20a. 1 12 C 20a
DIVISION OF VITAL RECORDS, P.O. BOX 13146 BALTIMORE, MARYLAND 21203-3146 The HASDIAN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNESTAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. IMI dia res See If a cat CA that res PAI 25. 1 27. 1 2 2 3 4 29e. 30. 1

STATE REGISTRAR		SIAIE UF I	MAKYL			CATE				MENTA	AL HYGIEI REG. NO						
1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE OF DEATH MONTH DAY YEAR				3. TIME OF DEAT	Н		
Geraldi	ine		E.			W	i11:	iams		MON	ľ	13	90	11:18	Рм		
4. SOCIAL SECURITY NUME						IF UNDER 1		IF UNDER		7. DAT	E OF BIRTH		6. BIRTH	IPLACE (State or Fo	oreign		
577-32-568	577-32-5681 1 N 2 X 66 YRS.					MONTHS	DAYS	HOURS	MIN.	10	/22/2	rginia					
9e. FACILITY NAME (If not in	stitution, give stree	et and number)				9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH		9c. CO	JNTY OF D	EATH			
3952 Suit	land Rd	. Ap	t. #:	3			Su	itla	nd			Pr	rince	George	S		
RESIDENCE OF DEC	10b, COUNTY			14	Do CITY	TOWN OF	LOCATI	ON						10d. INSIDE CITY	,		
										LIMITS?							
MD Prince Georges Suitland 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT CO											YES 2	NO					
3952 Suitland Rd. #3 20746 United S																	
11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED 13, WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No- 14, RACE - A										I STATE							
1 Never Married 2 3 Wildowed 4 Divo	Merried	FORCES? 1	YES	2 NO		H	yes, spe			n, Puerto	Rican, etc.)	01110	Speci Speci Bla	k, White, atc.	••••		
	EDENT'S EDUCAT			16a. DECED	ENT'S U	JSUAL OC	CUPATIO	N at of workin	NO.	16	b. KIND OF BI	JSINESS/IN	IDUSTRY				
Elementary/Secondary (0		College (1-4 or 5	+)			ork done du retired.)				١,		<i>a</i>					
		4		Eauc	ona	onal Aid				o.c.			ent				
17. FATHER'S NAME (First, M								18. MOTI	HER'S NA	ME (First	, Middle, Maide	n Surname)					
Jesse Edwa		r.									ller						
Ronald Wil					07						mber, City or To	117		1.20784			
20e. METHOD OF DISPOSIT 1 EXBuriel 2 ☐ Crematic		al from State	1111	PLACE OF (-		25.10		- City or To				
4 Donation 5 Other		Neee	_V	lashi	ngt						. Su	ıtla	nd,N	1d.			
22. NAME AND ADDRESS OF FACILITY Hodges and Edward 5000 Penn. Ave. Suitland, Md.20																	
23. PARY VEnter the d	liseeses, Dr CD	mplications the	t caused	the death	. Do no	_	_	100						Approxim			
		st Dnly Dne Ce	use Dn e	ech line.										interval B Onset an			
IMMEDIATE CAUSE (Findisease or condition	nei		M.,1+	iple :	etah	1.7O1	ınde	1		- 4 4 -							
resulting in death)	a.	DUE TO	(OR AS A	CONSEQUE	NCE OF):	mus	ano	Sinc	orne	ring			1			
Sequentially flat condit If any, leading to imme		DUE TO	(OR AS A	CONSEQUE	NCE OF):											
cause. Enter UNDERLY CAUSE (Disease or Inju	ING																
that initieted events		DUE TO	DUE TO (OR AS A CONSEQUENCE OF):														
resulting in deeth) LAS	d.																
PART II. Other algnifica	ant conditions	contributing to	deeth b	ut not reau	ulting in	n the uno	derlying	Cause	given in	Part I.	24a, WAS A	N AUTOPS	y 24b	. WERE AUTOPSY F	INDINGS		
									9000000		PEAF	ORMED?		AVAILABLE PRIOR COMPLETION OF	TO		
											1X XYES	2 NO		OF DEATH?	62		
					~						1			XIX XYES 2 [NO		
25. WAS CASE REFERRED 1	TO MEDICAL						26 DI	ACE OF D	EATH /Ch	hank nahi	one)						
EXAMINER?		HOSPITAL:	7.55/0			OTHER	c										
1 YES 2 NO		1 Inpatient 2			8b. TIME		28c. INJ		sidence		her (Specify)	IN HIRY O	CCURED				
	Pending	(Month,	Day, Year)		INJU			RK?	NO	111	28d. DESCRIBE HOW INJURY OCCURED						
2 Accident 3 Suicide	Investigation	-/-	3/90 DE INJURY	— At home.	farm, si	treet, fecto		A	X		Subject stabbed & smothers						
4 🔀 Homicide	Could not be determined	building	28e. PLACE DF INJURY — At home, farm, street, fed building, etc. (Specify)					City or Town, State					Suit Rind, MD				
29e. CERTIFIER	TIEVINO BUVOIO	ANI. To the best	A sur luna	home		4 4 4 4								рсопо			
onel	-0.0	AN: To the best of												e) end menner ee	stated.		
296. SIGNATURE AND TITE	OF CENTIFIER							29c. LIC	ENSE NU	MBER		29d. D	ATE SIGNED	D (Month, Day, Year,)		
1	m							0	CME				1/14	/90			
30. NAME AND ADDRESS O				•		Print)	-		-		D 4		MD	01001			
James A.					nt		111	Pen	n St	•	Bal	to.,	MD	21201			
31. DATE FILED (Month, Day,	(Year)	32. REGISTR															
JAN 17	'90	Julian	Davids	n- Pano	tall	•											

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TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25 nours after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the find within 72 hours after death with the State Den, of Health and Mental Horitene orior to build. Comparison, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C				EALTH DEAT		MENTAL	HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIM	E OF DEATH	
	William	H		Wro	ten			J	anuar	y 3,	19 99	TEAR	12:	40 P.	Мм
	4. SOCIAL SECURITY NUMBER 215-20-2477	5. SEX	6. AGE (In yrs. la	et birthday) YRS.	IF UNDER	DAYS	IF UNDER	HOURS MIN. 7. DATE OF			OF BIRTH A BIRTH			(State or Fore	ign laeN
	9a. FACILITY NAME (If not institution, give st			9b. CIT	Y, TOWN C	R LOCATIO	ON OF D	EATH		9c. CO		NTY OF DEATH			
OR	Memorial H			Eas	ton					Talb	ot				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		T 100 CIT	Y, TOWN	00 1 0047	MON						404.0	ISIDE CITY		
HIG	MD Caro				idge		ION						L	IMITS?	
	10a, STREET AND NUMBER	1	luge		, ZIP CODE				10a, Cl	TIZEN OF		YES 2 N	10		
FUNERAL	305 Sunrise Ave.					1	1660				1	JSA			
N	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AI	RMED	13.			F HISPAI	NIC ORIGIN	? (Specify Yes	_		E - Ame	erican Indian	
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 X YES 2 IF YES, GIVE WAR OR OATES					If yes, sp	ecify Cubar		en, Puerto R			Spec	ck, White	hite	**
8		15. DECEDENT'S EDUCATION 16a. (ON		16b.	KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	Elamentary/Secondary (0-12)					(Give kind of work done during most of working life. Do NOT use retired.)									
MPI	9 th		E	Electrician				_		Dup	ont				
00	17. FATHER'S NAME (First, Middle, Last)									liddle, Maiden					
BE	Charles C. Wroten	1					Bla	anch	he Townsend Wroten						
TO E	19a. INFORMANT'S NAME (Type/Print)		15							er, City or Tow					
_	Louise Lindemann 305 Sunrise Ave, Ridgely, MD 21660														
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 4 Donation 5 Dither (Specify) Hillcrest Cemetery Federalsburg, Md.														
	Greensboro, MD 21639 Fleegle-Helfenbein Fn Hm P.O.Bx 160											1639			
	21. AART I. Enter the diseases, or complications that caused the death/Do not antar the mode of dying, such as cardiec or respiratory arrest, Approximate												te		
	shock, or haert fallure. List only one cause on sach line.													nterval Be	tween
	disease or condition	A>- 6		- 1	1.	16	M 0 2				10		-		
	disease or condition resulting in death) a. Meschellance - C Raray DUE TO (OR AS A CONSEQUENCE OF):										-18	Joa v	2		
z															
CERTIFICATION	Sequantially list conditions, If any, leading to immediata cause. Entar UNDERLYING														
F	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								1		
H	resulting in death) LAST	d.													
	SAPE II Color de Miller de														
PHYSICIAN: MEDICAL	Superior Vena Caua Syndrom e 1 yes 2 646 OF											OF DE	AUTOPSY FIN IBLE PRIOR T LETION OF CA ATH? YES 2 \cap N	TO AUSE	
2	4								_				1 []	res z 🗆 m	
IAN	25. WAS CASE REFERRED TO MEDICAL		-			28. PI	ACE OF O	EATH (C/	heck only on	0)		_			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE		o 5 🗆 Re	sidence	6 Other	(Specify)					
ΉÝ	27. MANNER OF OEATH	28b. TIR	IE OF	28c. INJ	URY AT		28d. DESCRIBE HOW INJURY OCCUREO								
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO													
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LO									ATION (Street or Town, State)		er or Rural	Route Nu	umber,	
COMPLETED	29s. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.														
ON	One) 2 MEDICAL EXAMINE	R: On the basis of a	examination and/or	Investigati	on, In my	opinion, c	leath occur	ed at the	e time, date	and place, a	nd due to	the cause	(a) and m	nanner as et	nted.
BE C	201 STONATURE AND TITLE OF CENTURE	0. 11		-			29c. LICE	NSE NU	MBER		29d. DATE SIGNED (Month, Day, Year)				
9 0	D 14537 1/3/90									0					

M.D. - 20'3 Dutch un 32. REGISTRAR'S SIGNATURE Julia Savidson-Randelle

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100 CO CO CO CO CO CO CO CO CO CO CO CO CO	er death with the State De	Is marked, or item 23
200	after death with the State De	28 Is marked, or item 23
	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

	1 - STATE REGISTRAR	STATE OF MA				T OF H				YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, L.	*** ACHSAH	BURKHAI			DER			2. DATE OF	DEATH			3. TIME OF DEATH	
	Achsah	0	796		***************************************				MONTH	10		YEAR	1025/AM	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) F UNDER 1 YEAR MONTHS DAYS				IF UNDER 24 HRS. 7. DATE (Montil				6. BIRTH	PLACE (State or Foreign		
	213-40-8602	92	YRS.					85	97	E	enns	sylvania		
00	9a. FACILITY NAME (If not institution, g					r, town o					9c. COUN			
10	RESIDENCE OF DECEDENT	N59. C	enter		- -	age	r5+	0001	<u>n</u>		100	Shi	noton	
DIRECTOR	10e. STATE 10b. CO	YTAU		10c. CIT	Y, TOWN	OR LOCATI	ON						10d. INSIDE CITY	
1		es		Gre	enbe:	lt						1 X YES 2 NO		
¥	100. STREET AND NUMBER 22 Ridge Road				10f.	ZIP CODE				HAT COUNTRY?				
FUNERAL							207				L		S.A.	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 THE	MED D		If yes, spe	cify Cube	n, Maxica	IIC ORIGIN? (S n, Puerto Rice		or No-	Black	— American Indian, , White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAT	R OR DATES			1 TYES	2X NO	Speath	r:		1	Specif	White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								a	16b. KIA	D OF BUS	INESS/IND	USTRY	MILLE	
=	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)													
COMPL	12 3 Nurse Private I								ıty					
	17. FATHER'S NAME (First, Middle, Last		Smith						ME (First, Middl	le, Maiden	Surname)	T - 4	1	
00	Fred Smith Susie Leike 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								kens					
2	Lois W. Todd								rt Cha				33592	
3	20s. METHOD OF DISPOSITION 1 Buriel 2X Cremation 3 1		20b. PLACE O	F DISPO							CATION — (
	1 Buriel 2X Cremation 3 1 4 Donation 6 Other (Specify)	Smith	-	rg C	remai	cori	ım		Smithsburg, Wash., Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Androis V. Coffman Funoral Homo Track									Tnc				
	> K. no	el Brad	dep		4	0 E.	Ant	Leta	m St.,	Hag	ersto	wn,	Md. 21740	
	23. PART I. Enter the diseases,	or complications that	dused the dee	th. Do	not enter	r the mod	da of dyl	ng, auc	h as cardlec	or reepi	ratory arre	est,	Approximate	
	IMMEDIATE CAUSE (Finel	ire. Liet only one cause	on eech line.	1									Interval Batween Onset and Death	
1	disease or condition resulting in death)	De	lydra	Al'a	u				50					
	10-20-20-20-20-20-20-20-20-20-20-20-20-20	DUE TO (C	R A CONSEC	UENCE O	F):				1					
NO	Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): #													
¥	if any, leading to immediate cause. Enter UNDERLYING)	THE A CONSECU	GENOE O	', '/							i v.		
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (C	R AS A CONSEC	UENCE O	F):									
	resulting in death) LAST	d												
	PART II. Other algolificant cond	Itlone contributing to d	eath but not re	sulting	in the u	underlying cause given in Part I. 24s. V					AUTOPSY	WERE AUTOPSY FINDINGS		
CAL	Sami'		went							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI	Cauge	rice 1	1001	1:	1	ulle	u,		_ '	YES 2	□ NO		OF DEATH?	
		-		1	/				_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?						ACE OF D	EATH (Ch	eck only one)					
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 I	ER/Outpatient 3	□ DOA	OTHE 4 Nu		6 🗆 Re	sidence	6 Other (S)	pecify)				
PH	27. MANNER OF DEATH 1 Natural 6 Pending	28s. DATE OF III (Month, Day		28b. Till IN-	IE OF JURY	28c. INJI WO			28d. DESCRI	BE HOW I	NJURY OCC	CURED		
B	2 Accident Investigat				М		ES 2	NO						
E C	3 Suicide 6 Could not	De building, at	INJURY — At hon ic. (Specify)	ne, farm,	street, fac	ctory, office	1		28f. LOCATIO	own, State)	and Number	or Runal R	loute Number,	
E	29e. CERTIFIER											_		
COMPLETE	(Check only	(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
- 1	29b. SIGNATURE AND TITLE OF CERT	A LAMINET: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
8		Osse	000	1			1)3	14	57		▶	/1	\$ 190	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type	, Print)		<u> </u>		146	,	, ,	1	0//-	
	ABDUL L	JAHERD	, M)	Property	161	0- ()AK	·H	IC A	VE	1/1	GE	RSTOWN.	
	JAN 19 90	32. REGISTRAR	S SIGNATURE DAVIDSON	Bana	600									
	JAN 17 91	dance	- MOUNT OF THE	16,10	-									
													DHMH-16 Rev 1/89	

BALTIMORE, MARYLAND 21203-3146

ours after death. Page 6 may be retained by the hospital or attending physicia TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centicate be executed month in the funeral director, page 5 should be detached for use as the ITO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Ito The Funeral Director after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /				IEALTH DEAT			YGIENE		90	0264	ş L ş
100	1. DECEDENT'S NAME (First, Middle, Last)	shua					2. DATE OF I	DAY	3. TIME OF DEATH	м				
TOR	4. SOCIAL SECURITY NUMBER 219-36-3820	5. SEX 1 M 2 F	6. AGE (in yrs. lest birthday) 88 YRS.		IF UNDER	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) Dec. 26, 1901.			8. BIRTHPLACE (State or For Country) Maryland		gn	
	90. FACILITY NAME (If not institution, give Washington Count RESIDENCE OF DECEDENT			rLOCATI				gton						
DIRECTOR	Maryland Wash		10c. CITY, TOWN OR LOCATION Sharpsburg							4	10d. INSIDE CITY LIMITS? 1 X YES 2 NO	0		
FUNERAL	100. STREET AND NUMBER 219 E.Main St.		101. ZIP CODE 21782							10g. CIT		N OF WHAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	NT EVER IN U.S. AF	NO If yes, specify Cuben, Mexica					in, Puerto Ricar		Spec	ACE — American Indian, leck, White, atc. pecify: 11te			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12	/G	live kind of L Do NOT u	work done se retired.)		ON ost of workin	ng		o of aus					
BE CON	17. FATHER'S NAME (First, Middle, Last) Jacob	Wya	lyand 18. MOTHER'S NA						erday	B				
TO B	196. INFORMANT'S NAME (Type/Print) Ralph Wyand	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 827 Oak Hill Ave. Hagerstown, MD 21740												
0.00	20a, METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗆 Rer 4 🗆 Donation 5 🗀 Other (Specify)	Mt.Vi	OF DISPO	emete	ame of cer	metery, crer	natory or	20c. LOCATION — City or Town, State Sharpsburg, MD 21782						
	21. SIGNATURE OF FUNERAL SERVICE L		22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOMES P.O.Box # 348 Williamsport, MD 21795											
	23. PART I. Entyr the diseases, or shack, or heart failure IMMEDIATE CAUSE (Final	complications the List only one ca	at caused the douse on each line	aeth. Do									Approximate interval Bet Onset and I	ween
	disease or condition teaching in death) Atut Myo Cardia Impaction									3 day)			

A3 CVD Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Protable Sapris COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) atlant 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 🗌 Homicide

29a. CERTIFIER
(Check only)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

P1081 @

Van - Costa MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VAS ANT DATTH, MAKERSTOWN. MILL ST 334 mo 2174, NO

32 HEGSTRATS SIGNATURE PONDELL

29b. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Month, Day, Year)

1.14.90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF DEATH CENTIFICATE OF DEATH CENTIFICATE OF DEATH CENTIFICATE OF DEATH CENTIFICATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTM									90	02645
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THE STATE OF DECERORITY So. SAIRT So. COUNTY MONTGOMERY WHEATON	œ					OR LOCATION OF DE	EATH			
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Burlet 2 Cremented 3 Beneroral from State Depart Cremented Complete Comple	F									
22. HARM AND ADDRESS OF FRACTITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 2090 3. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final diseases or confliction) MMEDIATE CAUSE (Final diseases or confliction) BMEDIATE CAUSE (Final diseases) BUCUT (Final diseases) BMEDIATE CAUSE		1 Buriel 2 Cremation 3 Remo	oval from State	other place)						
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3 Sulcide 4 Homicide 8 Could not be determined 298. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 299. SIGNATURE AND TIDE-OF GERTIFIER 290. SIGNATURE AND TIDE-OF GERTIFIER 290. DATE SIGNED (Month, Day, Year) 290. NAME AND DIDESS OF DERSON WHO COMMISTED CAUSE OF DEATH (ITEM 2) (Fig. 6) Point.		law allocation								
296. SIGNATURE AND TIDE-OF GERTUFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Your) 10 NAME AND EDDESS OF BERSON WARD COMMITTED CAUSE OF DEATH (ITEM 27) (Top. Refer)			28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, of	fice			Rumil Route	Number,
296. SIGNATURE AND TILLE-OF GERGIFIER 296. SIGNATURE AND TILLE-OF GERGIFIER 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year) 296. DATE SIGNED (Month, Day, Year)	LET		ICIAN: To the best of my know	ledge death occur	rad at the time d	ate and place, and due	to the cause(s) and me	nner se stated		
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Byer F. Leonard, 10461 Old Georgetown Rd, Bethesda Md 20814	ш	296. SIGNATURE AND THE OF GERTUFIET	rand MO	<u> </u>		29c LICENSE NU	MBER 791	29d. DATE 5		
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31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			1		noun M	U DUIN	1-10	202	> 17	
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-flours after death. Page 6 may be retained by the hospi
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND

	1 - FOR STATE REGISTRAR	OF MARYLAND / CE		TMENT OF H		MENTAL HYGIE REG. N		`
	1. DECEDENT'S NAME (First, Middle, Last) Ovothy	ć	21/	n/Nili	malhan	2. DATE OF DEATH	DAY YE	AR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 5. 5 SEX 1 □ M 2 S	6. AGE (In yrs. les	7 gas.	IF UNDER 1 YEAR MONTHS DAYS	IF GHOER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 1,	1910 WA	SHINGTON, DC
	9a. FACILITY NAME (If not institution, give street and numb	or)		9b. CITY, TOWN C	R LOCATION OF D	A	9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	H.		0	Incz	/	Mar	bronery
IRE	MARYLAND 106. COUNTY MONTO	GOMERY	10c. CIT	Y, TOWN OR LOCAT SILVER	SPRING			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	1508 WHEATON LANE				20	0902	USA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	CEDENT EVER IN U.S.AR 7 1 TYES 2 AR GIVE WAR OR DATES	MED 10	If yes, spe		NIC ORIGIN? (Specify an, Puarto Rican, atc.) by:		RACE — American Indian, Black, White, stc. Specify: WHITE
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-	(G life.	ive kind of a Do NOT us	USUAL OCCUPATION Work done during more retired.)	st of working		RANCE CO	
×	1 2 17. FATHER'S NAME (First, Middle, Last)	IN	OUKAN	ICE ADJUS		AME (First, Middle, Maid		TH ANT
E CC	JOHN J. KNIGHT					A. GANNO		
TO BI	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1		
F								YLAND 20902
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from Str 4 Donation 5 Other (Specify)	to other of	ecel .	SITION (Name of central L CEMETE			LTLAND.	or Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					LLINS FUN		
	* (Solvens Deory	l						SP., MD 2090
	23. PART I. Enter the diseases, or complication shock, Dr haart failure. List pnly presented in the shock of	that caused the delecause on each line Byon UE TO (OR AS A CONSE	i.	,				Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	UE TO (OR AS A CONSE	OUENCE O	F):				/
E	resulting in death) LAST							
MEDICAL	PART II. Other significant conditions contribute	ng to death but not i	resulting	in the underlying	cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF OEATH (C	test set see		
SICI	EXAMINER? HOSPITA	AL: 11 2 ER/Outpetient 3	DOA	OTHER:		8 Other (Specify)		
PHYSICIAN:	(M	TE OF INJURY onth, Day, Year)	26b. TIN	IE OF 28c. INJ		28d. DESCRIBE HO	W INJURY OCCUR	ED
ВУ	1 Natural 5 Pending Investigation	ACE OF BURIEW			rES 2 NO			
TED	3 Suicide 6 Could not be but 4 Homicide determined	ACE OF INJURY — At he fiding, atc. (Specify)	HNO, TERM,	street, factory, offic		City or Town, Str	et and Number or F ste)	lural Route Number,
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the per content of the per certain part of							use(s) and manner as stated.
BE C	290. SIGNATURE SHO THILE DE CERTIFIER		-	_	29c. LICENSE NU	IMBER	29d, DATE SH	GNED (Month, Day, Mar)
TO B	445. Vo	sey -	22	1	1209	275	1 Jan	9,1978
-	JOHN S. ROGERS, M.D.			27 12 November 1	SILVER S	PRING, MA	RYLAND 2	20910
	JAN 1 8 '90	Sulia Davido	ion-18	ndelle				

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er this certificate has been signed by the attending physician and completely filled in by the fu	oth with the State Deat of Health and Mental Hydiene orior to busial, cremation or removal
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT	OF HI	ALTH AND	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DAT	TE OF DEATH	NY.	YEAR 3	TIME OF DEATH
	FRANK 4. SOCIAL SECURITY NUMBER	A. 15. SEX 16. AG	WHITE					UARY 3			2:00PM M
	578 58 3413	1 📉 M 2 🗆 F	E (In yrs. lest birthdey 43 YRS.	MONTHS	DAYS	HOURS MIN.	(Mo	e of BIRTH nth, Day, Year) larch	4, 1	9 4 6	Wash.,DC
OR	PRINCE GEORGE ^t S		TER	9b. CITY, CHEV		LOCATION OF	DEATH			NCE G	EORGE'S
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c C	TY, TOWN OF	R I OCATI	ON				1-4	Od. INSIDE CITY
DIRI	Maryland	PG		Fores	tvi	lle				1,	LIMITS? X YES 2 NO
3AL	10e. STREET AND NUMBER				10f.	ZIP CODE	- 4 -				AT COUNTRY?
NE	2712 Ritchie	ROAD 12. WAS DECEDENT EVER	D DI II C ADMED	140.11	70 2505		747				States
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Widowed MXXDivorced	FORCES? 1 YE	S 2 NO	11		cify Cuben, Mex	Ican, Puart	BIN? (Specify Yes o Ricen, etc.)	of No-	Black, \ Specify:	American Indian, White, etc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEOENT	'S USUAL OC of work done do use retired.)	CUPATION	N t of working	1	6b. KIND OF BU	BINESS/IND	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)						_			
MP	10th Grade 17. FATHER'S NAME (First, Middle, Last)		Coi	nstru	Cti		MANE (FI	P] t, Middle, Maiden	riva	te	
2		r T. WHite	2					Ford	Sumama)		
BE	19a. INFORMANT'S NAME (Type/Print)			NG ADDRESS	(Street an	d Number or Rur	n/ Floure Nu	mber, City or Tow	n, State, Zip	Code)	
5	Dorothy Dixon		27	l2 Ri	tch	ie Ro	ad-F	orest	vill	e,Md	
	20s. METHOD OF DISPOSITION	novel from State	20b. PLACE OF DISP other place)	OSITION (Nan	ne of cem	stery, crematory o	OF .	20c. LO	CATION —	City or Town	n, Stata
	Denetion 6 - Other (Spec/ly)	1	Harmon					L	ando	ver,	Md.
	SCHATURE OF FUNERAL SERVICE LI	tewa	+TI	Z 22. N	Ste		Fune	ral H			
CATION	PART I. Enter the diseases, or shock, or heer feliure. IMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e. DUE TO (OR A	eed the deeth. Do n eech line. D - 9 CCS / S A CONSEQUENCE S A CONSEQUENCE PAS FAS	oirat Uni					rus (innkn	Approximate interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d. DUE TO (OR A	S A CONSEQUENCE	dire	u	, .	Sep.	sis,	0		
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition Alcohory	1 abuse		g in the uni		couse given		24s. WAS AN PERFOI 1 TYES 2	MED?	a c	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 10 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	400000				ACE OF DEATH	Check only	one)			
YSIC	1 TYES 2 NO	10 SPITAL:	Outpatient 3 DOA	OTHER		5 🗆 Resident	00 6 🗆 O	ther (Specify)	W/A	7	
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	AY 28b. T	TIME OF INJURY	28c. INJU WOI 1 Y	SKS	28d. C	DESCRIBE HOW	W/A	CUREO	
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm Specify)	A street, facto	ory, office		281. L	OCATION (Street ity or Town, State,	end Number	or Rural Roo	ute Number,
COMPLET	onel	ER: On the basis of examina									and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WILLIAM	HO COMPLETED CAUSE OF	n K Si	ngh	,	29c. LICENSE 1	303	?	29d. DAT	I SIGNED (I	Month, Day, Year)
	Asim R.	Singh N	11) A-1	Kha	ttoc	i. 1	ND				4
	JAN 16 90	Sala Negistrar's s									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	or requires that the death certificate be executed within.		
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, see filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	 by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, removal. 	2	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.	1	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE	>	
	1. DECEDENT'S NAME (First, Middle, Last)	Willis	5			2. DATE OF DEATH	95	1. TIME OF DEATH
	4. SOCIÁL SECURITY NUMBER 152-01-5483	1 M 2 🗆 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 -12-0	28 8. BI	RTHPLACE (Stam or Foreign ountry)
TOR	98. FACILITY NAME (If not institution, give st LOVICY N. H RESIDENCE OF DECEDENT	reet and number)	96	olum	bjæ	ATH	HOU	1
DIRECTOR	10a. STATE / 10b. COUNTY	vert	Pri	nce F	rederic	k,		10d. INSIDE CITY LIMITS? 1 Kyes 2 No
FUNERAL	986 Dares Bea	ch Road		10f	ZIP CODE 2067	8		OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.)	or No— 14. F	RACE — American Indian, Black, Whita, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work life. Do NOT usa re	done during mo tired.)		16b. KIND OF BUS	INESS/INDUSTR	NY .
OMF	0-6 17. FATHER'S NAME (First, Middle, Last)		Labo	r	18 MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
Ö	Oue Willis					ie Griffin		
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or Town)
5	Tivola Gorman		986 Dar	es Bea	ch Rd.	Prince Fre	derick	Md 20678
	20a. METHOD OF DISPOSITION 1-☑ Burial 2 ☐ Cremation 3 ☐ Rem	20b.	PLACE OF DISPOSITIO				CATION — City o	
	4 Donation 8 Other (Specify)		Mt. Olive	Churc	h Cemete	rv Prin	ce Fred	derick. Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	ID ADDRESS OF FA	CILITY 145	1 Dares	s Beach Rd.
	spencer &	Somell		Sewe11	Funera1			ederick, Md
	23. PART I. Enter the diseases, or o	complications that caused	the death. Do not					Approximata
	immediate cause (Final disease or condition resulting in deeth)	List only one cause on ea		cino	na	emia		Interval Between Onset and Death
		DUE TO (OR AS A	CONSEQUENCE OF):			5		
ON	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF:	every	an	emia	P	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Drates	11/11	asto	mal	muter'	tion	į
IFI	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):		, , , ,		1-11	
1	reaulting in death) LAST	d						
	PART II. Other aignificant condition	a contributing to death be	ut not resulting in t	ha undarivin	n cause given in	Part J. 24s. WAS AN	ALIMPSY	24b. WERE AUTOPSY FINDINGS
CAL	No. A. A.	- 4	synds		,	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	- wagasia.	VIII -	guar	0.00		1 □ YES 2	NO	OF DEATH?
					_	_		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL: 1 Inputiont 2 ER/Output	atlent 3 DOA 4	THER:	e 5 Rasidenca	8 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURE	D
ВУ Р	1 Netural 8 Pending 2 Accident Investigation	(MURRI, Day, Ioar)	INJOR		YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, atre-	et, factory, offic	•	28f. LOCATION (Street a City or Town, State)	nd Number or Re	ural Route Number,
COMPLETED	CONTROL CHAY	ICIAN: To the best of my knowlers: On the basis of examination						use(a) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	West . I	1 414		29c. LICENSE NUI	MBER 2	29d. DATE SIG	INED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (MEM 27) (Type, Pri	Int)	2010	73	-11	4 62 4
	KOLODRUSET 31. DATE FILED (MODING APP). Marifa 100	2 9501	Old :	fund	polis	Rel	FILCOY	+ cigms
	JAN 16 19	90 32 gentandistan	DACE MANAGEMENT					-

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DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 3 should be detached		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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IMPORTANT: 18

	FOR STATE REGISTRAR		STATE OF N	MARYLAND /		RTMENT OF			MENTAL	HYGIEN REG. NO.	_		0204
	1, DECEDENT'S NAME (First, M	liddle, Last)	JOHN WAL	TER WILI	EU	llett			2. DATE O MONTH	F DEATH	Ĭ	YEAR O	TIME OF DEATH
- 3	4. SOCIAL SECURITY NUMBER	1	S. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR	_	ER 24 HRS.	7. DATE Of	F BIRTH Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
- 1	214-36-4061		1 X M 2 □ F	52	YRS.	MONTHS DAYS	HOURS	MIN.		22,19	937		NGTON, DC
	9a. FACILITY NAME (If not instit		W- and the state of the state o			96. CITY, TOW		TION OF D	EATH		8 9 9 9	TY OF DEA	ATH
CTOR	PHYSICIANS M	DENT	AL HOSPI	TAL		LA PLA					CHARI		
DIRECTOR	MARYLAND 1	CHARI	LES		100	TE PLA						100	INSIDE CITY LIMITS? YES 2 (X) NO
FUNERAL	RT. 1, BOX 3	1, WH	ITE PLAI	NS			101. ZIP CO				10g. CITIZ	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marital Miles Miles Miles Married 2 Miles	1 (11)		YES 2 WAR OR DATES	RMED NO	If yes,	specify Cu		NIC ORIGIN? an, Puarto Ri ly:		or No-	14. RACE - Black, Specify:	- American Indian, White, atc.
		ENT'S EDUC	1957-		ECENENTS	USUAL OCCUPA	TION		165 1	(IND OF BUI	SINESS/INDI	ICTOV	MILLIE
	(Specify only h	ighest grade	completed)	(0	Give kind of a. Do NOT u	work done during	most of wor	rking	100.	CIND OF BO	SINESS/INDO	Joini	
COMPLETED	12TH GRADE	2)	College (1-4 or 5		NTRAC	TOR				CONS	STRUCT	TION	
8	17. FATHER'S NAME (First, Midd								AME (First, Mi				
BE	WALTER A		11						PAL HE				
2	190. INFORMANT'S NAME (Type CATHERINE G.		CTT			ADDRESS (Street							COF
	200 METHOD OF DISPOSITION					BOX 3			PLAIT		CATION —		
	1 A Burlai 2 Cremation 4 Donation 5 Other (S	3 🗆 Remo	oval from State	TRINI	ilace)	EMORIAL						4.0	YLAND
	21. SIGNATURE OF FUNERAL		ENSEE OK	*>		22. NAME	AND ADDI	RESS OF F	11	IE HUI	VTT FU	JNER/	L HOME, INC. 20604-0156
CERTIFICATION	IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ste	a Oller	OR AS A CONSE	EOUENCE (arlia	Vo	ich	Des	y ch	ent.		Interval Batween Onset and Death 30 must
PHYSICIAN: MEDICAL CER	PART II. Other algolificent	t condition	e contributing to	e death but not	reaulting	in the underly	ring caus	e given ir		24s. WAS AM PERFOI 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	PLACE OF	F OEATH (C	thack only one)			
IYS	1 TYES 2 AND		1 Inpatient 2		1	4 Nursing H	INJURY AT				INJURY OCC	HIBED	
	1 Netural 5 P	ending vestigation		Day, Ybar)	266. TJ	JURY	WORK?		200. DES	JAIDE NOW	andon'i occ	UNED	
TED BY	3 Suicide 6 C	ould not be stermined	26e. PLACE (building	OF INJURY — At h , etc. (Specify)	nome, ferm	, street, factory, o	ffice		28f. LOCA City o	TION (Street Town, State	and Number	or Rural Ro	oute Number,
COMPLETED	(Orack Only		CIAN: To the best of										and manner as stated.
BE C	29b. SIGNATURE AND TITLE C							JCENSE NU	IMBER -		29d, DATI	E SIGNED	(Month, Day, Year)
TO B			HO S				D	0 1 (087		1.	- 1 3	1-90
_	RICHARD H. DO		, M.D.,	BRANDYW:	INE-W	IALDORF	VLIN	IC,B	RANDY	IINE,	IARYL/	AND 2	20613
	JAN 1 7	bair)	32. REGISTR	AR'S SIGNATURE Davidson-V	fandel	e							

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	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs	1	*ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mi
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1. DECEDENT'S NAME (First, Middle, Last) ELLA Do	RIS U	PATERS			2. DATE MONTH	OF DEATN DA		YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-28-2177	5. SEX 6. AI	GE (In yrs. ligst birthda 58 YRS	MONTHS DAYS	1	(Month	of BIRTH b, Day, Year) 9/31			
9a. FACILITY NAME (II not institution, give str PENINSULA GENERA RESIDENCE OF DECEMENT				I OR LOCATION OF DI		AND	9c. COUN		MICO
100. STATE 10b. COUNTY Maryland Worc	ester		CITY, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER	CSTCI	311							1 YES ZX NO
Rt. #3, Box 220, Pc	ocomoke Ro	ad		21863			US		HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2X NO	If yes,	ECENDENT OF NISPAI specify Cuban, Mexica ES 2 NO Specifi	in, Puerto F		or No-	14. RACE Black, Specify Blac	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind	T'S USUAL OCCUPAT of work done during in the second of use retired.)	FION nost of working	18b.	KIND OF BUS			
17. FATHER'S NAME (First, Middle, Lest)		11.0000	7110	18. MOTHER'S NA	ME (First, A				
Ira Fitch, Sr.				-=		eberry			
19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Street	t and Number or Rural				Code	
Samuel H. Waters,	Sr				ITMIRL	on, only or nown	., ones, ap	-500)	
20a. METHOD OF DISPOSITION	JI.		POSITION (Name of a	cometery, crematory or		200 100	CATION — C	Ity or To	un State
1 X Buriel 2 Cremation 3 Remo	oval from Stata	other place)							
21. BIGNATURE OF FUNERAL SERVICA LICE	nuere A	Mt. Zion	Baptist (Church Ce	mete	ry Sno	w Hil	I, Ma	aryland
- manyone promote como don	()	1.	22. NAME	AND ADDRESS OF FA	CuringC	DLLEY	MEM	ORI	AL CHAP
TAUNICIANO	MONOTA	26/01/	Rt. #	2, Box 92	0, Jei	rsey Ro	d., Sa	lisbu	ry, MD 180
IMMEDIATE CAUSE (Final	Jet offly one cause o	n each line(/		node of dying, suc	ch as card				Approximate Interval Betw Onset and De
IMMEDIATE CAUSE (Final	DUE TO (OR A	AS A CONSEQUENCE	E OF):		ch as card				Approximate Interval Betw
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions ACCUMENTAL	DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE th but not resultir	E OF): E OF):	node of dying, suc			AUTOPSY MMED?	24b.	Approximate Interval Betw
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions FEMAL DIA B 6 - 8	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE th but not resulting	E OF): E OF):	node of dying, suc		Hec or respiration of the control of	AUTOPSY MMED?	24b.	Approximate Interval Betw Onset and Done and Don
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions REWAL DIABETE PULLON 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE th but not resulting	E OF): E OF): E OF): ng in the underlyi	node of dying, suc	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MMED?	24b.	Approximate Interval Betw Onset and Done and Don
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely the flad within 72 hours after hearth with the State Pent of Health and Mental Hurlene prior to build. Crema	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,
2	22	E

- 1	FOR STATE REGISTRAR	STATE OF N					EALTH AND DEATH	MENTA	L HYGIEN			
	4. SOCIAL SECURITY NUMBER	UEFITE ALLACE 8. SEX 8. AGE (In yrs. lest birthdey) 1 M 2 N F 1 N M 2 N F 1 N M 2 N F 1 N M M N THS MONTHS MO						JAL Z QATE	OF DEATH	16/	Country	3. TIME OF DEATH 2020 M PLACE (State or Foreign
DR.	214-12-4113 98. FACILITY NAME (If not institution, give str PENINSULA GENERAL	eet and number)	L	YRS.	MONTHS DAYS HOURS MIN. 2/22/19 9b. CITY, TOWN OR LOCATION OF DEATH SALISBURY, MARYLAND					9c. COU	Mar INTY OF OR ICOM	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Wicc				10c. CITY, TOWN OR LOCATION Salisbury							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	609 Smith St.				101. ZIP CODE 21801						USA	HAT COUNTRY?
B≼	11. MARITAL STATUS 1 Never Married 2 Merried 3% Wildowed 4 Olivorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 % IF YES, GIVE WAR OR OATES				If y	es, spe	ENDENT OF HISP/ polity Cuban, Maxic 2 NO Spec	en, Puerto f		a or No—	14. RACE Black Specifi Whi	,
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	(Specify only highest grade completed) (Gi ary/Secondary (0-12) College (1-4 or 5 +)				e kind of work done during most of working Do NOT use retired.)					DUSTRY	
BE	17. FATHER'S NAME (First, Middle, Lest) John Fisher 19e. INFORMANT'S NAME (Type/Print) 19b. MARLIN					Street a	18. MOTNER'S N Angi R	onie	Hors	semal		
2	Ellen W. Tingle Rt 2 Box 77, Parsonsburg, Md. 21849 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or phyce) 20c. LOCATION — City or Town, State											
	21. SIGNATURE OF INERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bounds Funeral Home, Salisbury, Md.											
CERTIFICATION	23 PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CERT	PART II. Other significent conditions contributing to deet) but not resulting in the underlying cause.						ing cause given in Part I. 24a. WAS A PERFO			RMED?	RMED? AVAILABLE PRIO	
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M NO	HOSPITAL:		-		g Hom	ACE OF OEATH (C	8 🗆 Othe	r (Specify)			
B	27. MANNER OF BEATH 1 Metural 6 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined						PRIC?	28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC 2 MEDICAL EXAMINER) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER DECLEVED D36708)	29d. DATE SIGNEO (Mogift, Day, Year) V 10/90				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mark Speakman, MD Salisbury, Md. 21801 31. Date FileD (Month, Day, Year) 32 PEGISTRAR'S SIGNATURE.											

1 - STATE REGISTRAR		STATE OF N	IAHYL		EPAKI RTIFIC	MENI U		ALIH AND	MENIAL	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)			02.			0	- LAITI	2. DATE	OF DEATH			3. TIME OF DEATH
KEYON K	CEONT	`A		White				MONTH	uara	13	1990	1230 M	
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (in yrs. last bi	rthday)	IF UNDER 1 YE	EAR	IF UNDER 24 HRS.	7. DATE C	F BIRTA	1	8. BIRTH	IPLACE (State or Foreign
217-92-1744		1 😡 M 2 🗆 F	11		YRS.	ONTHS D	AYS F	HOURS MIN.	8/24/	78 (Par)		Countr	yland
9a. FACILITY NAME (If not in					1	9b. CITY, TO	OWN OR	LOCATION OF D	EATH		9c. CO	UNTY OF D	
PENINSULA	GENER	AL HOSPIT	'AL			S	ALT	SBURY.	MARYT	CIVA.		UTCC	OMICO
RESIDENCE OF DEC	10b. COUNT								THULL	WILL TO	-	MILL	
		omico				TOWN OR L	LOCATIO	IN					10d. INSIDE CITY LIMITS?
Maryland	WICC	SIIICO			Sams	bury					T		1 YES 2 NO
	(70 7	hamas I a						801			1		VHAT COUNTRY?
Rt. #2, Box	6/8, 1	7		1110 1015		T 40 1110						USA	
			2 NO		If ye	es, speci	IDENT OF HISPAI Ify Cuben, Mexico NO Specif	an, Puerto R	(Specify Yea loan, atc.)	n or No	Special Black		
15. DEC	EDENT'S EDI	JCATION le completed)		(Ghan i	kind of wn	SUAL OCCU	JPATION	of working	16b.	KIND OF BU	SINESS/II	NDUSTRY	
Elementary/Secondary (College (1-4 or 5	-)	life. Da	NOT use	retired.)	ng moor	or working					
5th grade				stude	ent					ement			
17. FATHER'S NAME (First, A							12	16. MOTHER'S NA			Surname)	
Alonzo Whit								Clarind					
19a. INFORMANT'S NAME (19b. N	IAILING A	DDRESS (SI	treet and	Number or Rural	Route Numb	er, City or Tow	n, State,	Zip Code)	
Mr. Alonzo W			-			s abo							
20a. METHOD OF DISPOSIT 1 X Burial 2 Crematic	on 3 🗆 Rer	noval from State		other place)		_		tery, crematory or				— City or To	
4 Donation 5 Other		CEMBER	1 6	race	U.M.	Cem			LOUITY 7			Mary	
Lowe	14. 0	8.	00	14				Box 920					
23. PART I linter the d	lisessee, or	complications the	t caused	the deeth	n. Do no	t enter the	e mode	of dying, aud	ch as cerd	lac or reap	iratory a	arrest,	Approximate
IMMEDIATE CAUSE (Fit		List only one cas	on e	gen line. Oi tal	n (France	at	-					Interval Between Onset and Deeth
resulting in death)		DUE TO	OR AS A	CONSEQUE	NCM OF	VV	8/0						I'M MINOR
	-	Viral	7	rad	abe	Lus	M	hited)				2 mells
Sequentially list condit If any, leading to imme		DUE TO	(OR AS.A	CONSEQUE	HCE OF			Δ.			1 .		
cause. Enter UNDERLY CAUSE (Disease or Inju		. um	w	e u	ap	nex	w	- the	um	omi	la	٠	years
that initiated events resulting in death) LAS		DUE TO	(OR AS A	CONSEQUE	NCI OF	0.00)	. n D-	-10				36000
resulting in death, LAC		d. MY	ru	na		ine	M	u Po	usy	7			years
PART II. Other algorifica	ent conditio	na centributing to	death b	ut not read	uiting in	the under	rlying	ceuse given in	Part I.	24a. WAS AN	AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
Hussa	ulm	Huma								PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
12 X Notice	mel	Ment	11 1	PO TON	da	MAS	,		_	1 TES 2	001		OF DEATH?
1374	0000	7 50 701	MOV.	Live	990	100							1 YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL						28. PLA	CE OF OEATH (C)	heck only on	p.)			
EXAMINER?		HOSPITAL:	ER/Outn	etlent 3 🗆		OTHER:		5 Residence					
27. MANNER OF DEATH		28a. DATE OF	INJURY	-	6b. TIME	OF 28	c. INJUF	RY AT	7	CRIBE HOW	NJURY C	CCURED	
Y-	Pending investigation	(Month, E	wy, Year)		INJU		WORE	K? S 2 NO					
2 Accident 3 Suicide 6	Could not be	28e. PLACE C	F INJURY	- At home	, farm, str	reet, factory,	, office					ber or Rural F	Route Number,
4 Homicide	determined	bunung,	are (apar	any)					City	or Town, State)			
29a. CERTIFIER 1 CER	TIFYING PHYS	SICIAN: To the best of	my know	ledge, death	occurred	at the time	, date a	nd place, and due	e to the cau	se(a) and ma	nner as s	stated.	
CONDON ONLY													s) and manner as stated.
296. SIGNATURE AND TITLE			4	1				29g. LICENSE NU					(Mpnth, Day, Year)
M	ark	Splan	ill	W))	-,,,,		236	708	r	•	1/13	190
30. NAME AND ADDRESS O		Lakes	SE OF DE	ATH (ITEM 2	7) (Type, F	Print)							
31. DATE FILED (Month, Day,	6 91	32. REGISTO	a Da	ATURE Valson-	Gina								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Progress TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funerable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

hed for use as the burial-transit permit. Pages 1, 2, 3 should

D 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

La Davelson-Pares

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: if Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOS	TO THE FUN be filed with	IMPORTAN

	1 - STATE REGISTRAR	STATE OF MAR			T OF HE			NTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Las						2.	DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	MADE H L	sech s	GE (In yrs. last birtho	in all as temps	R 1 YEAR	IF UNDER 2	A MIDE 7	DATE OF BIRTH	7	90	0635 M
	579 60 5588	1 🗆 M 2 🗷 F	98 YR	MONTHS		OURS	MIN.	(Month, Day, Year)	91	Countr	hington,D.C.
OR	Bo. FACILITY NAME (If not institution, gh WASHINGTON							Н		onto	romery
딥	RESIDENCE OF DECEDENT 10e, STATE 10b, COU	NTY	10c.	CITY, TOWN	OR LOCATIO	N					10d. INSIDE CITY
DIRECTOR	Wash.,D.C.			Dist	cict C		olumb	ia			LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE							WHAT COUNTRY?
W	5729 13th Street	12. WAS DECEDENT EV	ED IN II S ADMEN	12	WAS DECEN	200		ORIGIN? (Specify Y		S.A.	- American Indian
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	YES 2 NO	100		fy Cuben,	, Maxicon, P	Puerto Rican, etc.)	ee or No-	Speci	E — American Indian, k, White, etc.	
	15. DECEDENT'S E (Specify only highest gr		16a. DECEDER	IT'S USUAL O	OCCUPATION	of working	,	16b, KIND OF B	USINESS/IN	DUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	Cler		during most	or morning		Burea	u Of	Cens	us
NO.	17. FATHER'S NAME (First, Middle, Last)				1	18. MOTH	ER'S NAME	(First, Middle, Maide	n Surnama)		
ш	Harry L. Hurle	ey				Hai	rriet	Tramme	211		
TO B	190. INFORMANT'S NAME (Type/Print) John E. Welch 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) 7601 24th Ave. Adelphi, Maryland 20783										
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crametory or 20c. LOCATION — City or Town,									wn, State	
	1X Burial 2 Cremation 3 R 4 Donetion S Other (Specify)	Glenwo		emeter	9			shing	gton,	D.C.	
1	22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home 9013 Annapolis Rd. Lanham, MD 20706									706	
	23. PART I Entar the diseases,				The second second					_	Approximate
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cutuly Resp. ratory Fee Lucius.									Onset and Death	
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									İ	
CERTIFICATION	if sny, lasding to immediata cause. Enter UNDERLYING	Conscion	24/	m	SAC	0,	· 100 1/10	in			
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUENC	E OF):	0			- for	1		
E	resulting in death) LAST	a Carus	ng th	e C	ver	J					
CALO	PART II. Other significant condit	ions contributing to das	oth but not result	ing in the u	inderlying (cause gi	iven in Pa		AN AUTOPS	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICA		-						10,075	2 100		COMPLETION OF CAUSE OF DEATH?
Ä	25. WAS CASE REFERRED TO MEDICAL				20 DI M	CE OF DE	ATH (Check	r netr enel			
22	EXAMINER?	HOSPITAL:	/Outpatient 3 □ Di	OTHE	R:			Other (Specify)			
Ä	27. MANNED OF DEATH	28s. DATE OF INJ (Month, Day)	UHY 286	TIME OF	28c. INJUR	TA YF		ed. DESCRIBE HOV	V INJURY O	CCURED	3
BYF	1: Netural 5 Pending 2 Accident Investigation			- W	1 YE		NO				
	3 Suicide 8 Could not 4 Homicide determined	JURY — At home, fo (Specify)	rm, street, fe	ctory, office		2	8f. LOCATION (Street, State City or Town, State	et and Numb	er or Rural i	Route Number,	
COMPLETED	one)	IYSICIAN: To the best of my INER: On the basis of exam									e) end menner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	FIER Den T				29c, LICE	NSE NUMBE	ER DY	29d. D/	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE C	OF OEATH (ITEM 27)		war	05	Ja en	Son it	112	190	U
	31. DATE FILED (Month, Day, Year)	1 32. REGISTRAR'S	SIGNATURE	y such	- cu		· S. dog.)	FYR	ar de	10	7
	JAN 7-87'90	Alig Sainds	of gandalle	w	7/						

V.1000 - 51

31. DATE FILED (Mo

16

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH 990 JULUIS Wallace 1810 AL BERT JANUARY 7. DATE OF BIRTH
(Month, Day, Year)
JANUARY 13, 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS 03 DEAL ISLAND 1 M 2 F -87 8 YRS. 216-18-2659 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH PENINSULA GENERAL HOSPITAL DIRECTOR SALISBURY WICOMICO RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY SOMERSET MD. PRINCESS ANNE 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? STEWART NECK APT. 21853 use as the burial-transit USA or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried If yee, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 X NO HYLAND 21203-3146 IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced AFRO-AMERICAN 16a. DECEDENT'S USUAL OCCUPATION

(Che kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) ached for Elementary/Secondary (0-12) College (1-4 or 5+) the hospital 5th. LABORER WATERMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname ROBERT WALLACE ROSENA CARTER **BE** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELIZA WALLACE ADDRESS SAME AS ABOVE 20e. METHOD OF DISPOSITION
1\(\subseteq\) Buriel 2 \(\subseteq\) Cremetion 3 \(\subseteq\) Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION - City or Town, State JOHN WESLEY UM DEAL ISLAND, MD.21821 4 Donation S Other (Specify) funeral direct examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920 SALISBURY, MD. 21801 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, completely filled in by **Approximate** shock, or heert feliure. List only one cause of each line. Interval Batween 6 IMMEDIATE CAUSE (Final Onset and Death the disease or condition_ within event, resulting in death) Crem BOX 13146, percented lead vs ampulle of votes hysician and com certificate be executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR ASIA CONSEQUENCE OF): If any, leading to immediate attending physician cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events P.O. resulting in death) LAST 0 signed by the atten Health and Mental H requires that the death injury, OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL merters AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE OF DEATH? YES 2 NO Health 1 TES NO t, of H ancer PHYSICIAN: Dept. aw 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The Item certificate h EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 6 | Residence 8 | Other (Specify) Inpatient 2 - ER/Outpatient 3 - DOA the 10 27. MANNER OF DEATH 28e, DATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with this 1 Natural 5 Pending м 1 YES 2 NO BY DIVISION After death Accident Investigation 28e. PLACE OF INJURY — At home, ferm, strest, factory, office building, stc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be determined COMPLETED DIRECTOR: / 4 Homicide Hem . 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE FUNERAL D be filed within 72 ho IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE HE Ma 60 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BOX 3_ Princes Anne STEGMAN harlesz RT3.

DHMH-18 Rev 1/89

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1. DECEDENT'S
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I	4. SOCIAL SEC
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH		
ı	Lilan H	Eulala	Wolfe			Januar	y = 27, 1	990	M:	
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF BIR	TH	8. BIRTHPL	ACE (State or Foreign	
	232-60-5228	1 M 2 □ F	91 YRS.	MONTHS DA		May 23			Virginia	
~	9e. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TO	WN OR LOCATION OF DI	EATH	9c. CO	UNTY OF DEAT	гн	
DIRECTOR	Seton Manor Num		Baltimore					imore		
H	10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR L				10	Dd. INSIDE CITY	
ā	WVa. G:	rant		Baya	rd			1	YES 2 NO	
¥	10e. STREET AND NUMBER		•		10f. ZIP CODE		10g. CI	TIZEN OF WHA	AT COUNTRY?	
E	P.O. Box 13			26707			USA			
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BY F	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 YES, GIVE WAR O			s, specify Cuben, Mexico YES 2 K NO Specif		etc.)	Specify:	WHITE	
8	15. DECEDENT'S EDU		18e. DECEDENT'S	USUAL OCCU	PATION	16b. KINO	OF BUSINESS/IN	OUSTRY		
ET	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	ilfe. Do NOT us	vork done durin se retired.)	g most of working					
릴	8th		House	ewife			Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Malden Surneme)			
BE C	John H.	Spiker			Fann	ie	Mae	Re	exrode	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural	Route Number, City	y or Town, State, 2	(ip Code)		
2	Havard A. Wolfe,	Jr.	1215	Cooks	Lane Bal	timore,	MD 212	29		
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem						20c. LOCATION -		CALCULATION CO.	
	4 Donation 5 Other (Specify)	Cemet			Bayar	d, Wes	st Virginia			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Fune							omo			
	+ tranklin	4. lust	21		32 South S			0aklar	nd, MD	
	23. PART i. Enter the diseases, or o			not enter the	mode of dying, suc	ch as cardiac o	r respiratory a	rrest,	Approximata	
	shock, or haert failura. IMMEDIATE CAUSE (Final	List only one cause o	on agch lina.						interval Batween Onset and Deeth	
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	PART II. Other significent condition	a contributing to dear	th but not resulting	in tha under	iying cause given in		WAS AN AUTOPS		ERE AUTOPSY FINDINGS	
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A	25. WAS CASE RI FERRED TO MEDICAL	Junio .	- 44		ALACE OF DEATH (C	heck only one)				
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	QTHEAT:	Home 5 - Residence	8 Other (Spec	niha)			
¥	27. MANNER OF DEATH	28a. DATE OF INJU	JRY 28b. TIN	E OF 28	:. INJURY AT		HOW INJURY O	CCURED		
	1 Netural 5 Pending	(Month, Day, Ye	ear) IN.	JURY M 1	WORK?					
BY	2 Accident Investigation 3 Suicide 8 Could not be		JURY — At home, ferm,	street, fectory,	office		(Street and Numb	per or Rural Rou	rte Number,	
COMPLETED	4 Homicide determined	building, etc.	(Specify)			City or Town	n, State)			
P	29e. CERTIFIER (Check only	ICIAN: To the beet of my i	rnowledge, death occurr	ed at the time,	date end piece, end du	e to the ceuse(e)	end menner ee #	tated.		
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	29b. SIGNATURE AND TITUE OF CERTIFIE	n / - /			29c. LICENSE NU	IMBER	29d. D/	ATE SIGNED (N	Acres Days West	
BE	tredica.	10RIN	Mil		1255	645	-	1/27	190	
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	, Print)		, ,		1	1	
	Dr. Fred	ric Sirkis	715	l Hola	oird Ave.	Baltimo	re, MD			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S								
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	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	-	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGII						
	1. DECEDENT'S NAME (First, Middle, Last)	7			2. DATE OF DEATH		3. TIME OF DEATH				
		SEX 6. AGE (In yrs.	last birthday) F UNDE	R 1 YEAR _ IF UNDER 24 HRS.	7. DATE OF BIRTN	7.0	BIRTNPLACE (State or Foreign				
	Unknown 1 9a. FACILITY NAME (If not institution, give street	□ M 2 N F 85	YRS. MONTHS	Y, TOWN OR LOCATION OF	4/08/		Vashington, D.(
DIRECTOR	Leland Memoy	. 0	of R	ivedale	DEATH	Pa					
REC	10a. STATE 10b. COUNTY		10c. CITY, TOWN			10d. INSIDE CITY LIMITS?					
							1 X YES 2 □ NO				
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE		127	OF WHAT COUNTRY?				
NE	2100 Ingraham St.	ADMED 12	20782 . WAS DECENDENT OF NISE	ANIC ORIGIN2 (Specify	U.S.	A . RACE — American Indian,					
	1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 SIF YES, GIVE WAR OR DATES	XINO	If yes, specify Cuben, Mex 1 ☐ YES 2 💢 NO Spe	icen, Puerto Rican, stc.)		Black, White, etc.				
BY	3 X Widowed 4 Divorced						Specify: Black				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of working	16b. KIND OF	BUSINESS/INDUST					
J.	Elementary/Secondary (0-12)	College (1-4 or 5+)	acher		Gover	nmon t					
OMI	17. FATHER'S NAME (First, Middle, Last)	4 [166	acher	18. MOTNER'S	NAME (First, Middle, Mail						
	George W. Beasley				. Beasley	,					
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	SS (Street and Number or Rur		Town, State, Zip Coo	de)				
5	Carlisle S. Ways		2100 Ing	graham St. H		e, Md. 2	20782				
	20s. METNOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cametary, cramatory or 26c, LOCATION — City or Town, State										
	The state of the s	Surising Commention 3 Demonstration 3 Demonstration Surising Comments Suitland, Md.									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1		716 Kennedy	301111						
	Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) S. DUE TO (OR AS A CONSEDUENCE DF):										
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PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but no	extresulting in the s	underlying cause given	PER	AN AUTOPSY FORMED? S 2 NO	240. WERE ALTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CALISE OF DEATHY 1 YES 2 NO				
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	22. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJUSTY (Month, Day, Year)	28b. TIME OF INJURY M	29c. INJURY AT WORK?	26d, DESCRIBE HO	W INJURY OCCUR	en car				
TED BY	2 Accident Investigation 3 Builde 6 Could not be determined	28s. PLACE OF INJURY — As building, etc. (Specify)	t home, farm, street, fa	etory, office	28f. LOCATION (So City or Rown, S	set and Number or set)	Rural Route Number				
COMPLETED	TOTAL OTHY	AN: To the best of my knowledge, On the basis of examination and					suse(s) and manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE	NUMBER	29d, DATE S	IGNED (Month, Day, Year)				
O BE	John Ke	vde_	Ang	- 109	874) (/	12/90				
2	3d. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (erdole	Md.	7-27-5					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE			,					

DHMH-16 Rav 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State begin of the burial remainion, or empress.
IMPURIANT HIER 20 IS MAINED, OF HERE 20 SHOWS AND HIGHLY, OF OTHER DARWING CTORY, HIS INCHINAL PARTIES OF OTHER.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN			100		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH			3. TIME OF OEATH		
	EDITH	WILVEDON	1	01 16	AY Q	YEAR	12:15 A M				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH			PLACE (State or Foreign		
	223-38-8027	□ M 2X F 54	YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Year) 8/12/193	35 Virginia				
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COU	JNTY OF O	EATH		
BY FUNERAL DIRECTOR	PRINCE GEORGE'S HOSP	'ITAL CENTER		CHE	VERLY		PRINCE GEORGE'S				
RE	10a. STATE 10b. COUNTY		10c. CIT	r, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?			
ā		e Georges'		Lando	ver				1 TES 2 NO		
3AL	104. STREET AND NUMBER				101. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?					
NE	2106 East Marlbo							States			
F	11, MARITAL STATUS 1 □ Never Married 2 ☑ Married FORCES? 1 □ YES 2 ☑ NO.				ECENDENT OF HISPA specify Cuban, Mexico	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	a or No-	14. RACE Black	E — American Indian, it, White, atc.		
BY	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DATES		101	ES 2 TO Specific	fy:		Speci			
	15. DECEDENT'S EDUCATION	ON 16a.	DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	JSINESS/IN		lack		
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) C	college (1-4 or 5+)	(Give kind of v life. Do NOT us	vork done during se retired.)	most of working						
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Ö						AME (First, Middle, Malder					
BE C	Daniel Robi	inson			Viro	rie Jones			3 3 3 3		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Tox		ip Code)			
F	Coley Wilkerson	n	2106	East	Marlbor	o Ave.,	Land	love:	r, MD.		
	20a. METHOD OF DISPOSITION 1.X. Burlai 2 Cremation 3 Removal	from State 20b. PLAC	E OF DISPOS	SITION (Name of	cometery, crespetory or	tery 20c. LO	OCATION -	- City or To	rwn, Stata		
	4 Donation 6 Other (Specify)	Wi	lliam	s Mem	orial Pa	rk R	oanc	oke,	Virginia		
	21. SIGNATURE OF FULLERAL SERVICE LICENS	EE EL I		Ste	wart Fun	neral Hom	e				
	▶ lohm.	allement	TIT			g Rd., N		Was	h. D.C.		
	23. PARTYL Enter the diseases, or com	plications that caused the	death. Do r						Approximata		
	inhock, or heart failure. List			, ,	1	2			Onset and Death		
	IMMEDIAL CAUSE (Final disease or condition resulting in death) Due to (on as a consequence of): Curun brua 1. Sequentially list conditions, if any, leading to immediate										
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CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):										
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CE	that initiated events resulting in death) LAST o. Curdio Respiration o. Curdio Respiration										
CAL	PART II. Other significant conditions c	ontributing to death but no			ing cause given in		N AUTOPSY	24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
SC	(Post radiuti		conit	120		1 - YES			COMPLETION OF CAUSE OF DEATH?		
MEC	B Metaltusis	s un ne	ek						1 YES 2 NO		
ä									1,12,137		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE OF DEATH (C	heck only one)					
YSI		☐ Inpatient 2 ☐ ER/Outpatient	3 DOA	OTHER: 4 Nursing	Iome 5 🗆 Residence	6 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY O	CCURED			
BY	1 Natural 6 Pending 2 Accident Investigation				YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, factory,	ffica	28f. LOCATION (Street City or Town, State	t and Numbe e)	er or Rurel I	Poute Number,		
E											
교	anal	N: To the best of my knowledge,							overing but		
COMPLET	2 MEDICAL EXAMINER: C	On the basis of examination and/	or investigation	on, in my opinio	n, death occured at the	e time, data and place, a	ind due to	the cause(e	end manner ee stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	à AAD			29c. LICENSE NU				(Month, Day, Year)		
TO B	Skullys	r will			D212	200		1-10	6-1990		
Ť	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I				ERLY. A	11	215	781		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	E	, , ,		7 . /	10-		0 3		
	JAN 18 '90	32. REGISTRAR'S SIGNATURE	Pandelle								

BALTIMORE, MARTINAND 21203-3146 Page 6 may be director, funeral death. in by the fi filled completely filled nal, cremation, o BOX 13146, bunal, and Hygiene prior to physician certificate be P.0. aftending that the death signed by the atter Health and Mental RECORDS, of Health a peen ME State Dept. has VITAL The !-AL OR ATTENDING PHYSICIAN: The LOIRECTOR: After this certificate 2 hours after death with the State certificate OF DIVISION THE HOSPITAL (
THE FUNERAL D HOSPITAL

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IMPORTANT:

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DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

1 - STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the c	the
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1	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death,	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funera
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	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 1	yrs. last birthday) IF U	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 16	Country)	LACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DE				
TOR	6802 Fulford Street		Clinton		P.G.				
DIRECTOR	Maryland Prince George's	10c. CITY, TO	wn or location ton			10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
ERAL	6802 Fulford Street		101. ZIP CODE 20735		U.S.A				
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxicas 1 YES 2 X NO Specify	n, Puarto Rican, atc.)	Black, Specify	- American Indian, White, atc.			
PLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of work of life. Do NOT use retire.	done during most of working red.)	16b. KIND OF BUSI	mess/industry				
COMPL	17. FATHER'S NAME (First, Middle, Lest)		16. MOTHER'S NA	ME (First, Middle, Maiden S					
BE C	John H. Wakenight			Bullock					
10	19a. INFORMANT'S NAME (Type/Print)		RESS (Street and Number or Rural F	Route Number, City or Town,	, State, Zip Code)				
	Bettie T. Wakenight		as 10 A-F		ATION OF T	- Otata			
	1 X Burial 2 Cremation 3 Removal from State	other place)	N (Name of cemetery, cremetory or		ATION — City or Tow Eland, Ma				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	AGI IIIII (22. NAME AND ADDRESS OF FA		cal Home, Inc.				
	19	6633 Old Alexa							
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death /// /// DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL CEI	PART II. Other significant conditions contributing to death but	t not resulting in th	a undarlying cause given in	Part I. 24s. WAS AN / PERFORI	MED? AMILABLE PRIOR TO				
CIAN:									
SIC									
ВУ РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. Time of Sec. INJURY AT WORK? 1 VES 2 NO 1 VES 2 NO								
TED	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
MPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
8	29b. SIGNATURE AND TITLE OF CERTIFIER 2 Sour 29c. LICENSE NUMBER 28d. DATE SIGNED (Month, Day, Your) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Your)								
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIG EMPLETED CAUSE OF DEAT	3 Born &		610	· 1/15/	90			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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	Pages	
	FAM DIFFERENCE Arms the commission been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	
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PITE OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	불	The state of the state Chart of Health and Mental Hydriene order to burial cremation or certains
3	9	1
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	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH													
	Donald Emmet	t. Wrigh	nt.						MONTH	14	- 9	DAR	1/2017	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O				ACE (State or Foreig	jn
	579-05-3022	1 M 2 F	70	YRS.	MONTHS	DAYS	HOURS	MIH.		Day, Year) 4-19		Country)	Wash, D.	C.
1.6	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATN		9c. COUN	TY OF DEAT		
DIRECTOR	9520 Gwynndal	e Drive	9			Cli	nto	n] :	P.G.		
EC		10b. COUNTY 10c. CITY, TOWN OR LOCATION										10	d. INSIDE CITY	
F	Md.	P.G.		I	C1	into	n					1	YES 2XXNO)
AL	10e. STREET AND NUMBER					101	ZIP COD	E		-	10g. CITI	ZEN OF WHA	T COUNTRY?	
EB	9520 Gwynndal	e Drive	2					207	35		1	U.S.A	١.	
FUNER	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AF	RMED						(Specify Yes		14. RACE	American Indian,	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES -1944	NO		If yea, spo			n, Puerto Ri /:	can, atc.)		Specify:	White	
E	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	1G	live kind of	Work done			na	16b. I	CIND OF BU	SINESS/IND	USTRY		
PLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	oatc					P.G	. Co	. Pol	lice De	pt
once.	17. FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First, Mi	ddle, Maiden				
a m									nce E. Davis					
Fied B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)													
5	Donald E. Wright Same as 10a-10f.													
De la	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cemetary, crematory or									20c. LO	CATION -	City or Town	, State	
SPE	1.6 Surial 2 Cremation 3 Removal from State other piece) 4 Donation 5 Other (Specify) Ced						L1 C	eme	tery	S	uit1	and, N	id.	
examiner	21. SIGNATURE OF FUNERAL SERVICE L	1	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, In 6633 Old Alexander Ferry Road Clinton, Md. 20735					ome,Inc	3.					
event, the medical	23. PART i. Enter the diseases, or complication and caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory street, shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Desth													
or other traumatic event, the medical examiner must be notified at once. ERTIFICATION TO BE COM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):													
shows any Injury, : MEDICAL C	1 Ses 2 NO COMPLETION OF OF DEATH?									MILABLE PRIOR TO OMPLETION OF CAU	ISE			
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF E	DEATH (Ch	eck only one)				
r Item	1 YES 2 NO	HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient :	3 🗆 DOA	OTHE 4 - Nu	R: rsing Hom	5 TA	asidence	6 🗆 Other	(Specify)				
P. P.	27. MANNER OF DEATH 1 Natural 6 Pending	26a. DATE O (Month,	F INJURY Dey, Year)	28b. Til	ME OF JURY M	_	URY AT RK? (ES 2 [] NO	28d, OES	CRIBE NOW	INJURY OC	CURED		
Is mar	2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 281.								281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					

O THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Am be filed within 72 hours after 464 IMPORTANT. If them 25 fs m TO BE COMPLETE 90 OF OEATN (ITEM 27) (Type, Print) biguaz, M.D. 5009, an DATANES (Mogin, Day Joar)

DHMH-1S Rav 1/89

DALLIMONE, MARILAND	durs after death. Page 6 may be retained by the hos	by med in by the funeral director, page 5 should be detache ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA				YGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			TIME OF DEATH
	Ella Alberta	a Wyatt				Jan.	21 - DAY	1990	EAR 8	:45 A
-1				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8.	BIRTHPLA	CE (State or Foreign
	217–22–3802 1 9a. FACILITY NAME (If not institution, give street	□ M 2 🖾 F 87	YRS.	DAYS	R LOCATION OF DE	(Month, De 3–10–1				Oak, MD
DIRECTOR	5610 York Road			Balti						City
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION	-			100	I. INSIDE CITY LIMITS?
	Maryland Baltin	more City		Baltim	Ore			10g. CITIZEN	41	YES 2 NO
ER/	5610 York Road				21212		- 1	U.S	S.A.	
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN U			ENDENT OF HISPAN				RACE -	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES IF YES, GIVE WAR OR DATE			2 X NO Specify		n, atc.)		Specify: W	hite hite
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade con	mpleted)	Se. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo		16b. KII	ID OF BUSI	NESS/INOUST	TRY	
2		College (1-4 or 5+)				,	Iome			
M	8 N. 17. FATHER'S NAME (First, Middle, Last)	/A	Homemal	ker	18. MOTHER'S NAI			(umama)		
Ö	Charles A. Deane					Cade	ie, ividioori o	urrarrey		
38	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	ELLa nd Number or Rural F		City or Town	State Zin Coo	de)	
2	D. Deane Wyatt		7		, Balti			21201		
	20a. METHOD OF DISPOSITION	20b. P	LACE OF DISPOSITI			more,	Y	ATION — City	or Town.	State
- 1	1 Donation 5 Differ (Specify)	I from State	ther place) Parkwood	Cemete	rv		Ba	ltimor	e. M	ID.
	21. SIGNATURE OF THE PARTY SERVICE LICEN	94/		22. NAME AN	O ADDRESS OF FAC	CILITY			0/ 1/	
	» //M/SC+/	m.//			uch Fune					
	23. PART I. Enter the diseases, or con	nnileations that caused t	he death. Do not	127	S. Main	St.	Nort	h East	, MD	21901 Approximate
	ahock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition	t only one cause on each	h lina.	10	1)			,	•	Interval Between Onset and Dea
	resulting in desth) a. DUE-TO (OR AS A CONSEQUENCE OF):									
z	CARDING ARRYTHMIA									
은	Sequantially list conditions, If any, leading to immediate									
CA	cause. Enter UNDERLYING CAUSE (Disease or injury									
E	that initiated events	OUE TO (OR AS A C	ONSEQUENCE OF):							
CERTIFICATION	d									
AL C	PART II. Other algnificant conditions of	contributing to death but	not resulting in	tha underlying	g cause given in	Part I. 24	a. WAS AN			RE AUTOPSY FINDING
S							PERFORI		CO	VILABLE PRIDR TO MPLETION OF CAUSE
PHYSICIAN: MEDIC						_ '	YES 2			DEATH? YES 2 NO
2						_			'	_ 1E3 2 _ NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	eck only one)				
Sic		IOSPITAL:		THER:	e 5 🗆 Residence	S C Other (S	necify)			
H	27. MANNER OF GEATH	28a. DATE OF INJURY	28b. TIME C	F 28c. INJ	URY AT			JURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? YES 2 NO					
	2 Accident investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, stre	et, factory, offic		28f. LOCATIO	ON (Street as	nd Number or	Aural Route	Number,
田	4 Homicide determined	barranty, etc. (Openny	,			City of 1	OWII, Stelly			
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowled	ige, death occurred	at the time, date	and place, and dua	to the cause(e) and man	ner as stated.		
M	coel	On the beals of examination a							ause(a) an	d manner as stated.
								29d DATE S	IGNED (Mr	onth, Day, Year)
8	LA AMORIA	The lost) M.	1)-		170				2.90
임	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	int)	<u> </u>			, ,		,
	C 24 24 24 24 24 24 24 24 24 24 24 24 24	V I as assessment								
	JAN 23 '90	32. REGISTRAR'S SIGNAT		-						

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must BE COMPLETED BY PHYSICIAN: MEDIC

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1-29-90 cm								90	02662
	FOR 1 - STATE REGISTRAR	STATE OF MAR			MENT OF H		IENTAL HYGIEN			,
1	1. DECEDENT'S NAME (First, Middle, La	nst)					2. DATE OF DEATH		3, 1	TIME OF DEATH
	Michael	Dwayne			Yo	well	MONTH (3	YEAR	11:04 P M
1	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	NGE (in yrs. lest		IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	6	Country)	CE (State or Foreign
Í	219-70-8882	. 1 💢 M 2 🗆 F	30	YRS.	MONTHS DAYS	HOURS MIN.	10 09 5	9 M	aryl	and
	9a. FACILITY NAME (If not institution, gi	ive street and number)			9b. CITY, TOWN (OR LOCATION OF DEA	тн	9c. COUNT	Y OF DEATH	1
FUNERAL DIRECTOR	Memorial Hospi	tal	=		Eas	ston		Tal	bot	
E I	10a. STATE 10b. COL			10c. CITY	TOWN OR LOCAT	TION			10d	. INSIDE CITY
듬	Maryland Ca	aroline		Pr	eston				10	LIMITS? YES 2 NO
A	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
E	Route 1, Box	EV26				21655		U.S	.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARM	MED D	13. WAS DEC	ENDENT OF HISPANIC	C ORIGIN? (Specify Ya	e or No-	4. RACE — /	American Indian, ilte, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I				1 YES 2 NO Specify:				
			1 40 - 274					whi	Lte	
ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			18a. DECEDENT'S USUAL OCCUPATION (Given lind at work done during most of working life. Do NOT use retired.) State trooper			166. KIND OF BU	SINESS/INDU	SIMY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)						T.aw	enfor	Ceme	n+
2	17. FATHER'S NAME (First, Middle, Last)						IE (First, Middle, Maide		CCIIIC	11.0
E. C.	Paul Elmer Yo		Laura Janice James							
TO 86	19a. INFORMANT'S NAME (Type/Print)		19b	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	Donna L. Yowe	11	R	Route 1, Box EV26, Preston MD 21655						55
1	20a, METHOD OF DISPOSITION] 1 M Burlel 2 Cremetion 3 D F	/17/90	20b. PLACE C	PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Tow					ty or Town,	State
	4 Donation 5 Other (Specify)				Till Ce	emetery	Ea	ston,	MD	21601
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	~			NO ADDRESS OF FAC				
)	-0-				m Funer				
	18H2	3. MERCE		- th D		n, Mary			-1	
	23. PART i. Enter the diseases, ehock, or heert fallu	are. Liet only one couse			ot enter the mo	ode of dying, auch	as cerdiec or reep	siratory erre	et,	Approximate Intervei Between
	IMMEDIATE CAUSE (Final disease or condition									Onset and Death
	resulting in deeth)	. CARDIAC A								
		DUE TO (OR	AS A CONSEO	UENCE OF):					ĺ
S O	Sequentially ilet conditions,	b. DUE TO (OR	AS A CONSEO	UENCE OF	١٠					
AT	If any, leading to immediate ceuse. Enter UNDERLYING				,-					
임	CAUSE (Diseese or injury that initieted events	C. DUE TO (OR	AS A CONSEO	UENCE OF):					
CERTIFICATION	resulting in deeth) LAST									
DICAL	PART ii. Other significant cond	Itlone contributing to dec	eth but not n	sulting i	n the underlyin	g ceuee given in f	Part i. 24a. WAS A		AWA	RE AUTOPSY FINDINGS MLABLE PRIOR TO
음	PERFORMED? AMALABLE P X ▼ YES 2 □ NO OF DEATH:							MPLETION OF CAUSE DEATH?		

5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 XES 2 🗌 NO	HOSPITAL: 1 □ Inputient 2X□ ER/Outputient 3	DOA 4 Nu	6 Other (Specify)	
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, atraet, fac	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

A manufacture of the sense of examination and of investigation, in my opinion,	count occured at the time, data and place, at	to due to the cause(a) and merkier as stated
295. SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
	OCME	1/14/90

	mi az ras orosz or schiii (iizm zi) (ijpo, riiii)		
Ann M. Dixon, M.D.	- Deputy Chief	111 Penn St.	Balto,MD,
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		
JAN 1 8 '90	John Veriller Rondolle		

OF DEATH? 1 YES 2 NO

five as mile

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	JIP	ion, or s	the me
3146,	ecuted with	nd completely burial, cremati	atic event, t
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	tificate be ex	physician a ene prior to	ther traum
P.O.	eath cer	attending rtal Hygi	y, or o
DS,	at the d	by the	y Injur
RECOR	requires the	een signed . of Health	shows an
AL	The law	te has b	em 23
5	CIAN	ertifica the St	or it
ON OF	SYHY DNIC	After this c	marked,
SIC	TTEN	TOR:	28 15
2	OR A	DIREC	tem!
_	PITAL	PAL 1	T. If
	TO THE HOS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTAN

31. DATE FILED (Morrith, Day, Year)

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Lest) MABEL LU	CILLE	ZIMMER	MAN		2. DATE OF DEATH MONTHAIN . 160	w 1990v	EAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220–22–9563	5. SEX 8. AGE (IF	78 yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.	7. DATE OF BIRTH	. 1	BIRTHPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give stre CHARLESTOWN RETIF	REMENT CENTER	?	96. CITY, TOWN CATON	OR LOCATION OF DE	EATN	9c. COUNTY BAL	r i more
DIRECTOR	10m STATE 10b. COUNTY	TIMORE	10c. PI	LITIMORE	FION			10d. INSIDER BY LIMITS?
FUNERAL	100-7 TREET MAIDEN CHOICE	E LANE		10	f. ZIP CODE 212	228	10g. CITIZET	н он уун В сойитнүү
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp		NC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	or No— 14	RACE — Americen Indien, Black, White, etc. Spewin ITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT U HOUSEV		ON oat of working	166. KIND OF BUS	N HOME	TRY
BE CO	17. FATHER'S NAME (First, Middle, Lest) BENTON W. ARBAUGI	Н				ME (First, Middle, Malden A NORA ARNO		
TO E	190. INFORMANT'S NAME (Type/Print) MAYNARD A. ZIMMEI		711 N	MAIDEN C	HOICE LAI	Route Number, City or Tow BALTIMORE	n, State, Zip Co	MD 21228
	1 Buriel 2 Cremetion 3 Ramov 4 Donation 6 Other (Specify)		PLACE OF DISPO	RIDGE CE				TLLE, MD ZLER & SONS
	21. SIGNATURE OF FUNERAL SERVICE LICE	. Harle		22. NAME A	ND ADDRESS OF FA LIBEI	RTYTOWN, M		ZHER & SONS
	23. PART I. Enter the diseases, or co ahock, or heert feliure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one ceues on es	ch line.	4	1	h as cardiec or respi	ratory arrea	t, Approximata Interval Batween Onset and Death Suddu:
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A AS CV DUE TO (OR AS A	CONSEQUENCE O	F):	ub			Years
MEDICAL	PART II. Other algorificent conditions Stopped cuting t	0- 66	1		g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:	itient 3 DOA	OTHER!	LACE OF DEATH (Ch	6 (Other (Specify)		
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY W	JURY AT DRK? YES 2 NO	26d. DESCRIBE HOW	NJURY OCCUP	RED
ETED B	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	At home, farm,	street, factory, offic	De	28f. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLE	onel -	IAN: To the best of my knowle : On the beels of examination						cause(e) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	recher hu	0.		29c. LICENSE NUI		29d. DATE 9	16/90 (Ver)
유	30. NAME AND ADDRESS OF PERSON WHO HEY MAN Bree	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	DO 13	L Ro	2120	7

ORE, MARYLAND 21203-3146

٥	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N	OF	>	TA	1	EC	OH	DS		0.	. 8	X	1314	6,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	A ATTEN	DING	PHYSI	CIAN	H.	ME	requir	s th	at the	dea	th ce	tificat	e pe	executed	within
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be fled within 72 hours after death with the State Dent. of Health and Mental Hyglene prior to burial, cremat	RECTOR:	After	this c	ertiff	cate h	Dept.	of He	alth 3	by th	e att	I Hyg	g phy	sician rior t	and co	npletely
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event,	■ 28 i	E III 8	rked,	6	item	23	Show	an	in v	ury,	0 JO	ther	traur	natic e	vent,

FEB 05 1990

	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT OF		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest) Mr Erne	est Edwa	rd Al	llen			2. DATE OF DEATH DO DEATH 2	1990 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213 12 8992	5. SEX		s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/16/08	8. BIRT	THPLACE (State or Foreign ntry)
OR	9a. FACILITY NAME (If not institution, give 250 Chestnut					or Location of D	EATH	9c. COUNTY OF Balt	DEATH
JIRECT	nesidence of decedent 10a. STATE 10b. COUNT Maryland I	undalk		10c. CIT	ry, town on Loca Furners	Station Statio	on		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL I	100. STREET AND NUMBER 250 Che	stnut S	St		1	or. ZIP CODE 21222		U.S.	WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE V	YES 2	□NO	If yes, a		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:	Bio	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)			(Give kind of life. Do NOT u	B USUAL OCCUPAT work done during n se retired.)	ION lost of working	16b. KIND OF BU	SINESS/INDUSTRY	F M
BE COM	17. FATHER'S NAME (First, Middle, Last) Ernest Allen					16. MOTHER'S NA Ruth	AME (First, Middle, Maiden	Sumame) len	
TO B	19s. INFORMANT'S NAME (Type/Print) Amanda Allen			195. MAILING 250	ADDRESS (Street Chestn	and Number or Rural	Route Number, City or Tow Balto., N	n, State, Zip Code) 1d. 212	22
	20a. METHOD OF DISPOSITION 1 Buriel 2 Commention 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATULE OF FUNERAL SERVICE LI		20b. PL. oth	Metr	O CESTA	THE PY AND ADDRESS OF F	ACILITY	Balto.	The second second
~	+ James	q. mar			170	Laure	orton & S	lto.	Md. 21217
	23. PART I/Enter the diseases, or /shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one car	Duc I	line.	nic w		charl di		Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C		NSEQUENCE (
PHYSICIAN: MEDICAL C	PART II Other algnificent condition	as contributing to	deeth but r	not reaulting		ng beuse given in	Part i. 24a. WAS AN PERFO	RMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- Ento-4-int-		OTHER:	PLACE OF DEATH (C			
	27. MANNER OF DEATH 1 Netural 6 Pending	28e. DATE O		26b. TII	ME OF 28c. II	MO 5 Residence	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE (building	OF INJURY — i	At home, farm,	street, factory, off		261. LOCATION (Street City or Town, State		il Route Number,
COMPLET	(Oriotin Griff)						a to the cause(a) and ma e time, data and piece, a		e(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Monde	,	A.D	•	29c. LICENSE NU	7632	29d. DATE SIGNI	ED (Morith, Day, Year) - 3 - 90
	30. NAME AND ADDRESS OF PERSON W	D'AONO	VAN	. 2	o, Print) 112 Du	NDALK.	AVE., B	ALTO,	m.D. 2122
	31. DATE FILED (Month, Day, Year) FFB 0.5 1990	32. REGISTR	AR'S SIGNATU	andell			,		

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ne 5 mould be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ARYLAND 21203-3146

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT				NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2.	DATE OF DEATH DA		YEAR	TIME OF DEATH
	CHARL 4. SOCIAL SECURITY NUMBER		Ε.	ALL					1/29/9			:30AM M
	239-60-4678	1 M 2 F	AGE (In yrs. last i	YRS.	IF UNDER 1		HOURS	0.0001	Month, Day, Year) eptember 23		Country)	ACE (State or Foreign Carolina
	Se. FACILITY NAME (If not institution, give s	treet end number)	-		9b. CITY, 1	TOWN OR	LOCATIO	N OF DEATH	н	9c. COUNT	Y OF DEA	гн
DIRECTOR	PRINCE GEORGES HOS	SPITAL CEN	TER		CHE	VERL'	Υ			PRINC	E GE	ORGE
SE I	10e. STATE 10b. COUNT	4		10c. CITY	, TOWN OF	LOCATIO	N				10	d. INSIDE CITY
2	Maryland Prince	George's Cou	nty	Capi	tal He	ights	3				1	YES 2 X NO
AL	10e. STREET AND NUMBER					10f. Z	EIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?
FUNERAL	5917 Burgundey Street						207	743		Unit	ed St	ates
S	11. MARITAL STATUS	12. WAS DECEDENT E			13. W	AS DECEN	NDENT OF	HISPANIC	ORIGIN? (Specify Yee			American Indian, Vhite, etc.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR				YES 2			Puerto Rican, atc.)		Specify:	virie, etc.
ВУ	3 Widowed 4 X Divorced										Bla	ck
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G/vi	kind of w	USUAL OCC			7	16b. KIND OF BUS			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. L	Do NOT us	e retired.)							1 Service
MP	12		Post	al C	lerk				(United S		overn	ment)
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAME	(First, Middle, Maiden	Surneme)		
BE	Floyd Allen								trickland			
6	19e. INFORMANT'S NAME (Type/Print)								te Number, City or Town			
-	Beatrice Mozingo	(Sister)							ver Spring,			
	20e METHOD OF DISPOSITION 1 [X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE O other place	(0)	metery		tery, creme	story or		CATION — CI		Carolina
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE #MO	0690	0 00.	22. N	AME AND		S OF FACILI	ITY		1110	Carotina
	Howard	D. Can			Wi 51	lliam 6 Pop	Tone	ey's Fu Street,	uneral Home , Spring Ho	, Inc. be, Nor	th Ca	rolina 27882
	23. PART I. Entar the disesses, or			th. Do r	ot antar t	tha mode	a of dyle	ng, such a	s cardisc or reapl	ratory arres	rt,	Approximate
	ahock, or heart fallure. IMMEDIATE CAUSE (Final	List only one cause	on each line.		4	1 -		200	inst			Interval Between Onset and Death
	disesse or condition resulting in death)	. car	dio 9	ees	pira	VOV	7	900	wil			
	resoluting in death)	DUE TO (OF	AS A CONSECU	JENCE OF):	-0 -0	4	1.	vest ben s	indo	111.2	9
N	Sequentially list conditions,	L CELL	AS A CONSECU	Np	rair	Dry	7 6	9001	8081 2	10190	-	4
E	If any, leading to immediate cause. Enter UNDERLYING	SOL 10 (OF	1 0	7UU	DIAM	0	,					
FIC	CAUSE (Disease or injury	c. OUE TO (OF	AS A CONSEDE	IENCE O	Pi:							-
Ē	that initiated events resulting in desth) LAST	91anv	ero 1	into	041	ria	e !	elle	d			
CERTIFICATION		d.										-
SAL	PART II. Other significant condition			suiting	In the unc	derlyIng	cause g	iven in Pa	rt I. 24a. WAS AN			YERE AUTOPSY FINDINGS
20	Line	Jane	ne						_ 1 _ YES 2	(X) NO		OMPLETION OF CAUSE OF DEATH?
ME	and. Seps	134.							_		1	YES 2 NO
Ë												
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	EATH (Check	only one)			
YSI	1 TES 2 NO	1 Sinpatient 2 E	R/Outpatient 3	□ DOA	4 Nursi		5 🗆 Red	eldence 8	Other (Specify)	VII.		
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day			URY	26c. INJUI WOR	RY AT	U/A 2	8d. DESCRIBE HOW I	NJURY OCCL	RED	
ВУ	1 Natural 5 Pending 2 Accident investigation		IN		/AM	1 YE	S 2 [146	N	100		
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF II building, etc	NJURY — At home. (Specify)	10, ferm, 1	etreet, facto	ery, office		2	Sf. LOCATION (Street of City or Town, State)	Number o		rte Number,
H	290. CERTIFIER	SICIAN: To the best of my	knowledge des	th occurs	nd at the fir	ma deta a	and alone	and due to	the course(s) and may	and as state	4	
COMPLETED	construction of the constr	ER: On the basis of exam										and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R Q	20 1	11	110-0.	Vina	29c. LICE	NSE NUMBE	ER	29d, DATE	SIGNED (A	forth, Pay. Year)
TO B	vehattni ri	for the	Sahn	7. 1	MAGG	LIVE	0	37	460	>	1/2	990
	30. NAME AND ADDRESS OF PERSON WI	MD P	G. HOS	P1+2	al, 1	Ho	rep.	Dr.	chene	rly V	UD-	20770
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	المال								

DHMH-18 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	HENE
		C	E	RTIFICATE	0	F DEAT	TH		REG	NO.

FOR STATE REGISTRAR	STATE OF MARY		ICATE OF	DEATH		REG. NO.			
DECEDENT'S NAME (First, Middle, Lest)	Abbey				2. DATE MONT	OF DEATH	160 YE	3. T	ME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1 1	BIRTHPLAC	E (State or Foreign
577-48-3760	1)XM 2 🗆 F	52 YRS.	MONTHS DAYS	HOURS MIN.	(MON)	2/4/3	3/7	CountribC	
a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
France Georges	Hosp Ctr		Che	verly			1	4	No.
RESIDENCE OF DECEDENT 10b. COUNT	rv	100 CITY	Y, TOWN OR LOCA	TION				100	INSIDE CITY
	PG	Ken	tland	arion .				1	LIMITS?
De. STREET AND NUMBER			14	of, ZIP CODE					YES 2 NO
2401 Greeley Pl			1"	20785			10g. CITIZEN USA	OF WHAI	COUNTRY
I. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	17 (Specify Van	or No 14	BACE _ A	marican Indian,
☐ Never Married 2 🔀 Married	FORCES? 1 YE	S 2 X 110	If yes, s	pecify Cuban, Maxic	an, Puerto			Black, Whi Specify:	ite, etc.
☐ Widowed 4 ☐ Divorced	I TES, GIVE WAN ON	DATES	1	S 2 NO Speci	ny.			Bla	ck
15. DECEDENT'S EDU (Specify only highest grade	JCATION is completed)	16a. DECEOENT'S	USUAL OCCUPAT	ION	16b	. KIND OF BUS	INESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	e retired.)						
8th Grade	None	Engin	CCT Da	PC					
7. FATHER'S NAME (First, Middle, Last)	G			15. MOTHER'S N.	AME (First,	Middle, Maldan	Sumame)		
Robert Abbey S	5 <i>I</i>			orace .	Deacs	100 011			
De. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Num	ber, City or Town	, State, Zip Coc	ie)	
Bernice Abbey		S	ame as	10a,b,c,	a, e, 8	(<u>†</u>	- 11234	100	
0a. METHOD OF DISPOSITION X Burial 2 Cremation 3 Ram	movel from State	20L PLACE OF DISPOS	BITION (Name of or	emetery, crematory or			CATION City		itate
□ Donation 5 □ Other (Specify)		Mt Olivet	Cemete	ry		Wash	ington	-	
1. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE		22. NAME A	AND AODRESS OF F	ACILITY	John	T Rhin	nes C	0
23. PART I. Enter the disesses, or shock, or heart feilure. MMEDIATE CAUSE (Finel disease or condition	complications that cause on	each line.	3015	12th ST	NE, I	OC 2001	.7 ratory srrest	,	Approximeta interval Betwee Onset and Dea
23. PART I. Enter the disesses, or shock, or heart feilure. MMEDIATE CAUSE (Finel disease or condition equiting in death) Sequentially list conditions, finny, leeding to immediate issues. Enter UNDERLYING CAUSE (Disease or injury het initiated events	complications that cause on List only one cause on DUL TO (OR AS DUE TO (OR AS DUE TO (OR AS C.	each line.	3015 not enter the m Anches	12th ST	NE, I	OC 2001	.7 ratory srrest	,	Approximeta interval Betwee Onset and Dea
Robert L. 1 23. PART I. Enter the diseases, or	complications that cause on List only one cause on DUL TO (OR AS DUE TO (OR AS DUE TO (OR AS C.	Mentaline. Mentaline S A CONSEQUENCE OF	3015 not enter the m Anches	12th ST	NE, I	OC 2001	.7 ratory srrest	,	Approximeta interval Betwee Onset and Dear
23. PART I. Enter the disesses, or shock, or heart fellure. MMEDIATE CAUSE (Finel disesses or condition reaulting in death) Sequentially list conditions, farry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesses or injury that initiated events resulting in death) LAST	complications that cause on List only one cause on DUL TO (OR AS DUE TO (OR AS OLD TO (OR TO (OR TO (OR TO (OR TO	S A CONSEQUENCE OF	3015 not enter the m Are NLeio fe	12th ST ode of dying, surent	NE, I	OC 2001	Tatory screet	No	Approximeta interval Betwee Onset and Dea
23. PART I. Enter the disesses, or shock, or heart fellure. MMEDIATE CAUSE (Finel disesses or condition reaulting in death) Sequentially list conditions, farry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesses or injury that initiated events resulting in death) LAST	complications that cause on List only one cause on DUL TO (OR AS DUE TO (OR AS OLD TO (OR TO (OR TO (OR TO (OR TO	S A CONSEQUENCE OF	3015 not enter the m Are NLeio fe	12th ST ode of dying, surent	NE, I	OC 2001	Tatory arrest	Rac 24b. WEF	Approximeta interval Betwee Onset and Dea
3. PART I. Enter the disesses, or shock, or heart fellure. MMEDIATE CAUSE (Finel lisesse or condition eautiling in death) Sequentially list conditions, and, leading to immediate suse. Enter UNDERLYING AUSE (Disesse or injury heat initiated events esuiting in death) LAST	complications that cause on List only one cause on DUL TO (OR AS DUE TO (OR AS OLD TO (OR TO (OR TO (OR TO (OR TO	S A CONSEQUENCE OF	3015 not enter the m Are New Series Series Fig. 1.	12th ST ode of dying, such that the state of	NE, I	OC 2001 diac or respir	AUTOPSY MED?	Ala. WEF	Approximeta Interval Betwee Onset and Dea
23. PART I. Enter the disesses, or shock, or heart fellure. MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, farry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury het initiated events resulting in deeth) LAST	complications that cause on List only one cause on DUL TO (OR AS DUE TO (OR AS OLD TO (OR TO (OR TO (OR TO (OR TO	S A CONSEQUENCE OF	3015 not enter the m Are New Series Series Fig. 1.	12th ST ode of dying, surent	NE, I	OC 2001 diac or respir	AUTOPSY MED?	Alba, WEF AMA, COM, OF 1	Approximeta interval Betwee Onset and Dea
Related. 23. PART I. Enter the disesses, or shock, or heart fellure. MMEDIATE CAUSE (Finel disesses or condition resulting in death) Sequentially list conditions, famy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury het initiated events resulting in deeth) LAST PART II. Other significent conditions Cause. Chance Oh.	complications that cause on List only one cause on DUL TO (OR AS DUE TO (OR AS OLD TO (OR TO (OR TO (OR TO (OR TO	S A CONSEQUENCE OF	The interview of the second of	12th ST ode of dying, such as the second sec	NE, I	OC 2001 diac or respli	AUTOPSY MED?	Alba, WEF AMA, COM, OF 1	Approximeta interval Betwee Onset and Dea
Related. 23. PART I. Enter the disesses, or shock, or heart fellure. MMEDIATE CAUSE (Finel disesses or condition resulting in death) Sequentially list conditions, farty, leeding to immediate susse. Enter UNDERLYING CAUSE (Disesse or injury het initiated events resulting in death) LAST PART II. Other significant conditions conditions conditions conditions. Chance Cha	complications that cause. List only one cause on a. Candio DUE TO (OR AS DUE TO (OR AS d. OUE TO (OR AS MODE TO (OR AS HOSPITAL:	S A CONSEQUENCE OF	The interview of the second of	12th ST ode of dying, such that the state of	NE, I	OC 2001 diac or respli	AUTOPSY MED?	Alba, WEF AMA, COM, OF 1	Approximeta interval Betwee Onset and Dea
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Related. 3. PART I. Enter the disesses, or shock, or heart fellure. MMEDIATE CAUSE (Finel lisesse or condition equiting in death) Sequentially list conditions, a sry, leeding to immediate susse. Enter UNDERLYING CAUSE (Disesse or injury hat initiated events equiting in death) LAST PART II. Other significent conditions and conditions of the conditio	complications that cause. List only one cause on a. Candio DUE TO (OR AS DUE TO (OR AS d. OUE TO (OR AS MODE TO (OR AS HOSPITAL:	S A CONSEQUENCE OF S A CONSEQUENCE OF The but not resulting in Autpatient 3 □ DOA	The in the underlyle of the series of the se	12th ST ode of dying, sur ones f clearly ang couse given in	NE, I	OC 2001 diac or respir	AUTOPSY MED?	Ala. WEF AMA COM OF 1	Approximeta interval Betwee Onset and Dea
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ACCOUNTS CONTROL OF CO	Complications that cause. List only one cause on a. CALCIC DUE TO (OR AS DUE TO (OR AS d. ONE TO (OR AS ALLER HOSPITAL: 1 Inpatient 2 CER/O 28a. DATE OF INJUR 28a. DATE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR	S A CONSEQUENCE OF S A CONSEQUENCE OF The but not reculting in Support of the but not reculting in Sup	The in the underlyle of hurry M 1	12th ST ode of dying, such as the second of dying, such as the second of the second o	NE, I	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WEF AMALCOMOFT	Approximeta interval Betwee Onset and Dea
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Mt Olivet Cemetery

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T0 T	be fi	M
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, page 5 flough the perioded for laws	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, page 5 frought to prescribed for use the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1. DECEDENT'S NAME (First, Middle, Last)						REG. NO.	v	3. TIME OF DEATH
-AMES	127		OK	ow	S.R.	2 L		90 5.12 A
4. SOCIAL SECURITY NUMBER 215-01-2465	5. SEX 1 M 2 F	3. AGE (In yrs. le:	- "	UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 5-22-19		B. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give s	treet and number)	•	9b.	CITY, TOWN	R LOCATION OF DEATH			TY OF DEATH
Harbor Hospita	1 Center			Balt	Lmore Cit	v	==	====
RESIDENCE OF DECEDENT					<u> </u>			
Maryland Anne	Arundel			wn or Local	TION			10d, INSIDE CITY LIMITS? 1 YES 2 K NO
10e. STREET AND NUMBER				10	, ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
4406 Ritchie H	wy.				21225		U.S	5.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		If yes, sp	ENOENT OF HISPANIC (ecify Cuben, Mexican, P		or No- 1	I4. RACE — American Indian, Black, White, etc. Specify:
		1 20 50				1		White
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(C)	ECEDENT'S USU Give kind of work a. Do NOT use ret	done during mo ired.)	DN st of working	16b. KIND OF BUS		
12th Grade			Expedit	or		Natio	onal C	Can
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
George W. Bro	wer				Margare	t E. G	regory	ſ
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADD	ORESS (Street	and Number or Rural Rout	te Number, City or Tow	n, Stete, Zip C	Code)
Melvin Cox			3713 Fc	ourth S	Street Ba	ltimore,	Mary]	land 21225
1 St Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	Zensee	rau-	dar Hil	Georg	op Address of Facilities J. Gonc Ritchie H	e Funeral	l Home	Md. 21225
23. PART Enter the diseases, of shock, or heart failure.	complications that List only one caus	caused the d	eath. Do not e				ratory srre	Approximate interval Betwee Onset and De
disease or condition resulting in death)	a. OUE TO (OR AS A CONSE	EOUENCE OF):		hock			
Sequentially list conditions, if any, leading to immediate	a Ac	DR AS A CONSE	Red	bar	Failue	epus a		
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	d.		resulting in ti		g cause given in Pa		RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
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Dr. Conrado

FEB 05 1990

32 REGISTRAR'S SIGNATURE Day doon-Randell

DHMH-16 Rev 1/89

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e hos	etach		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent,
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FEB 05 1990

32. REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

				30 0100
FOR 1 STATE	STATE OF MARYLAND / DEPARTM		MENTAL HYGIENE	
REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Q.		2. DATE OF DEATH MONTH, DAY	3. TIME OF DEATH
Curieun	Couye	<u>r</u>	1-22-90	3-AH
4. SOCIAL SECURITY NUMBER		FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
215-32-0061	1 M 2 OF 78 YRS.	MIN.	10-13-11	Maryland
Be. FACILITY NAME (If not institution, give a	treet and number) 00 J	LOCATION OF LOCATION OF DE	ATH 9c. COUNT	Y OF PEATH O
PERIORNE OF DECEDENT	MedicalCenter	Baltimore	C	ity
10e. STATE 10b. COUNT	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY
7/1	.a. Co Sh	Em) Burne)	LIMITS?
10e. STREET AND NUMBER		101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
7937 14001	Line Hd.	21001		1, 8 1.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yee or No.— 14	I. RACE — American Indian.
1 Never Married 2 Married	FORCES? 1 TYES 2 TNO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexican 1 YES 2 NO Specify		Black, White, atc.
3 Widowed 4 Divorced	TES, SITE WITTON DATES	TE ILS 2 (4 NO Specify		Black)
15. DECEDENT'S EDU		UAL OCCUPATION	16b. KIND OF BUSINESS/INDUS	STRY
(Specify only highest grade	College (1-4 or 5+)	k done during most of working stired.)		
7th Drade	Aou	sembe		
17. FATHER NAME (First, Middle, Last)		Se. MOTHERY NA	ME (First, Middle, Maidgn Surname)	
George, 1/2	4.0014	Kai	cha, Dusas	(4)
190. INSORMANT'S NAME (Type/Print)	19b. MAILING AD	ODRESS (Street end Number or Rural F	Route Number, City or Town, State, Zip C	ode) 2/1/6/
Shormany 1	Barres 16 7927	Marten	Pel Hlow 4	341
20s. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITE	ON (Name of cemetery, crematory or	20c, LOCATION — CH	by or Town. State
1 Deniel 2 Cremetion 3 Rem	oval from State other place)	Co +	41	1 471
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	22, NAME AND ADDRESS OF WA	GUITY OF COMMENT	W. J. C.
	0 0	1101111	"" " " " CONTRACTOR YOU L'	W. Barrell
		193 Racio	Whell Mass	
Turnell	B. Oden SV.	Baltimere	The ares	217
23. PART I. Enter the diseases, or	complications that caused the death. Do not	Baltinesse enter the mode of dying, such	Hele are:	
shock, or heert fellure.	complications that caused the death. Do not List only one cause on each line.	Baltinuse enter the mode of dying, such	Hell area The State of respiratory arres	z / 7 st, Approximate interval Between Onset and Daath
shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause on each line.		Hell area That I area I se cardiec or respiratory arres	Interval Between
shock, or heert fellure. IMMEDIATE CAUSE (Finel	complications that caused the deeth. Do not List only one cause on each line. South Preumon out To (on a A consequence of):		Hele and	Interval Between
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Infing physician.

The burial-transit permit. Pages 1, 2, 3 should

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BALTIMORE, MARYLA

	1 - STATE REGISTRAR	STATE OF MA		TMENT OF I		MENTAL HYGIEN	_	
		endra R.	Boyk	ins			-90 YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-78-1037	1 🗆 M 2 🗡 F	AGE (In yrs. lest birthday) 28 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/18/61	C	NRTHPLACE (State or Foreign ountry)
TOR	90. FACILITY NAME (If not institution, given UNION MEMORIAL RESIDENCE OF DECEDENT			BALTIM	ORE	DEATH	9c. COUNTY	OF DEATH
DIRECTOR	10s. STATE 10b. COUR	ITY		Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER				f. ZIP CODE		7	OF WHAT COUNTRY?
BY FUNERAL	1365 PENTWOOD 11. MARITAL STATUS 1 Never Merried 2 (X) Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 X NO	If yes, sp		ANIC ORIGIN? (Specify Yecan, Puerto Rican, etc.)	11: 11: 10:	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12th	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u		ON ost of working	16b. KIND OF BU		
BE CO	17. FATHER'S NAME (First, Middle, Lest) SANDY GLOVE 199. INFORMANT'S NAME (Type/Print)	R			ROSEA		BELL	
5	SANDY GLOVER		1766 \	/ICTORIA	ROAD/ME		38116	0)
	20e. METHOO OF DISPOSITION 1V Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE OF DISPO other place) WESTERN S				TONSVIL	A CONTRACTOR OF THE PARTY OF TH
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	and the same of th		MARCH	F/H 1101 E	NORTH	A AVENUE
CERTIFICATION	ahock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ove to the	AS A CONSEQUENCE OF	me his	rrest kses	(dissemi	ins fed)	nterval Between Onset and Death
MEDICAL	PART II. Other algnificant conditi	ons contributing to de	eth but not resulting	in the underlying	g cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 TO NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 PAIN partient 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify)							
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY 286. TH	ME OF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 2se. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State) 2se. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)							
COMPLE	anol only	YSICIAN: To the best of my NER: On the basic of exam						use(s) and manner as stated.
TO BE	29b, SIGNATURE AND TITLE OF CERTIF	R Howa	/		29c. LICENSE N	UMBER	29d. DATE SIG	GNED (Month, Day, Year)
		Howard			6n-420	3 Baltin	or the	D 2/201
- 5	"FEB 05 1990	grand Davidso	n-Novores					DHMH-16 Rev 1/8:

Problem with unstained by the hospital or attending physician.	The should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after deanny Plushed many	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral motion, the funeral motion of the following after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T.

BAL MORE WARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			HYGIENE REG. NO.			
1. DECEDENȚ'Ș NAME (First, Middle, WILLIAM CLEM	ITH BYRD, JR.				2. DATE OF MONTH		90 YEA	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 213-20-3432	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		3/27	Ma	IRTNPLACE (State or Foreign ountry) Iryland	
90. FACILITY NAME (If not institution, Vinverity of the RESIDENCE OF DECEDEN	lawland	:		imore	EATH	90	county (NF OEATH	
100. STATE 100. CO			y, town on Loca Baltimor					10d. INSIDE CITY LIMITS? 1 VES 2 NO	
100. STREET AND NUMBER 1160 Clevelan 11. MARITAL STATUS 1 Never Married 200 Merried				21230			U.S		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ecify Cuben, Mexice ZYNO Specify	n, Puarto Rici			RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S (Specify only highest Elementery/Secondary (0-12) 6th grade 17. FATHER'S NAME (First, Middle, La.	EDUCATION grade completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us			Ba1	nd of Busine	City		
17. FATHER'S NAME (First, Middle, La.		Super	visor	18. MOTNER'S NA	ME (First, Mide				
William Clem 190. INFORMANT'S NAME (Type/Print) Wesley Byrd				Lucy I and Number or Rurel Circle	Route Number,	City or Town, St		nd 21227	
20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 4 Donation 5 Other (Specify,	Removal from State	other place) Cedar Hi	SITION (Name of ce	metery, crematory or		20c. LOCAT	ION — City	or Town, State Park, Maryla	
21. SIGNATURE OF FUNERAL SERVI	1100		Hubb	nd address of FA ard Fune: Wilkens	ral Ho			Md. 21229	
23. PART I. Enter the disease ahock, or heart to immediate CAUSE (Finel disease or condition resulting in death)	lure. List only one ceuse on e					,		Approximate interval Betwee Onset and Dea	
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):	·					
PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig	ditions contributing to death t	but not resulting	in the underlyin	g cause given in		PERFORME	D?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:			LACE OF DEATH (C)	neck only one)				
1 TYES 2 NO	1 - Inpatient 2 - ER/Out			ne 6 Residence					
27. MANNER OF DEATH 1 Nsturel 5 Pending 2 Accident Investig	(Month, Day, Year)	don M 1 YES 2 NO				26d. DEŞCRIBE NOW INJURY OCCURED			
	Building, etc. (Specify)								
anal anal	PHYSICIAN: To the best of my know AMINER: On the basis of axamination							use(e) and menner se stated.	
Lisa a Sim	ayio MD			29c, LICENSE NU	MBER	21	DATE SIG	SNED (Morith, Day, Year)	
University of	Haryland E	EATH (ITEM 27) (Type	e, Print)				7		
University of	90 Julia Davidson	nature nature							

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Mark

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEDICAL CERTIFICATE OF DEATH	MENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, Lest) BREDELL BROWN	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH 8:10 A.M. M				
	2 TO SAL SECURITY NUMBER 5. SEX 1 M 2 F 74 1 F UNDER 1 YEAR IF UNDER 24 HRS. MONTHE DAYS MOURS MIN.	7. OATE OF BIRTH (Month, Day, You JUNE 9,	l a	BIRTHPLACE (State or Foreign Country) VIRGINIA				
TOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DE VA MEDICAL CENTER FIRSTDENCE OF DECEMENT FIRSTDENCE OF DECEMENT			Y OF DEATH MORE COUNTY				
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10. CHESTNUT STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN		U.S.					
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Maxicos If YES, GIVE WAR OR DATES WWILL 13. WAS DECEDENT OF HISPAN If yes, specify Cuben, Maxicos II YES, GIVE WAR OR DATES WWILL	n, Puarto Rican, etc.		4. RACE — American Indian, Black, White, etc. Specify: BLACK				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)		BUSINESS/INDUS	FTRY				
	JOSEPH BROWN Bethlehem Steel 16. MOTHER'S NAME JENNY	ME (First, Middle, Mei	steel den Surname)					
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural F CLINICAL RECORDS VAMC VA MEDICAL CENTER FOR	Route Number, City or		052				
	20a. METHOD OF DISPOSITION 1 G Burlat 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece). Garrison Forest	20c	LOCATION - CH	Mills, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAM James A. Mo 1701 Lauren	rton &		. Md. 21217				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition purpose of condition as PNEUMONIA) Due to (or as a consequence of):	h as cardiac or n	espiratory arres	Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. ASCVD with CHF DUE TO (OR AS A CONSEQUENCE OF): c. CANCER OF BRAIN OUE TO (OR AS A CONSEQUENCE OF): d.							
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in ENAL FAILURE	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Chr.	eck only one)		<u> </u>				
YSIC	EXAMINER? 1 YES 2 X NO HOSPITAL: OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 1 Accident Investigation 28s. DATE OF INJURY (Month, Day, Year) 28s. DATE OF INJURY 28s. TIME OF INJURY WORK? 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED				
	3 Suicide 6 Could not be 4 Homicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	201. LOCATION (St. City or Town, S		Rural Route Number,				
COMPLETED	29s. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the							
TO BE	296. SIGNATURE AND TITLE OF GERTIFIER (29c. LICENSE NUM 29c. LICENSE NUM	ABER	29d, DATE S	SIGNED (Month, Day, Year) 2-2-90				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CAROLINA C. CUSTODIO M.D. VA MEDICAL CENTER FORT IS 31. DATE SUED (Month, Dev. Voer) 12. REGISTRAR'S SIGNATURE FEB 0 5 1990 Author Development of the Complet	HOWARD, N	4D2105	32				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Ē	examiner	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	IMP
	je je	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	De fil
ector	e funeral dis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	10
10	r death. Pag	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 39 yours after death. Page 6	10

1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle,	est)				2. DATE OF DEATH			ME OF DEATH	
WAI	TER	B.	BOY)	1-28-90	AY YE		:00PM	M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. B	HETHPLAC	E (State or Foreig	n
232-32-7324	1 🗆 M 2 🗆 F	60 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	**1 *** ** **	
9a. FACILITY NAME (If not institution,		00	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY	OF DEATH	ylvani	<u>a</u>
Brush Pile-Pot RESIDENCE OF DECEDEN 10a. STATE 10b. CC WV. Ber			Bruns	wick		Frede	rick	County	,
10a. STATE 10b. CC	UNTY	10c. CI	TY, TOWN OR LOCA	TION			10d.	INSIDE CITY	
WV. Ber	keley	M	artinsh	ura				YES 2 NO	
	H-Villow .		10	H. ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?	
228 South Water Street 25401 IISA									
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPAN	IC ORIGIN? (Specify Ye	or No.— 14. I	RACE — A	merican Indian,	
To prove married	FORCES? 1 YE	DATES		pecify Cuban, Maxica S 2 P NO Specify					
				A			Bla	ck	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last	EDUCATION grade completed)	(Give kind of	S USUAL OCCUPATI I work done during m		16b. KIND OF BU	SINESS/INDUST	RY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	D w i als							
8		Brick	Worker		Contin		Bri	ck Cor	m.
17. FATHER'S NAME (First, Middle, Las				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)			_
Walter Boy	d, Sr.				inia Boy				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (Street	and Number or Rural F	Route Number, City or Tow	m, State, Zip Cod	le)		
Poris J. Boyd		228	South	Water S	treet. M	arting	sbur	a. WV2	54
20a. METHOD OF DISPOSITION DESCRIPTION 3 Cremation 3 C	Removal from State	20b. PLACE OF OISPO		,		CATION — City	or Town, S	teta	
4 Donation 5 Other (Specify)	P.	leasant	View M	emory G	ds. Ma	rtinsh	ourg	WV.	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME A	NO ACCRESS OF FA	Funeral	IIoma			
► Role + 1	PP				l, Marti		r.77	. 7	
23. PART I. Enter the diseases	or compligations that cause	sed the death. Do	not enter the m	oda of dving, suci	h as cardiac or read	iratory arrest.	· W	Approximate	
shock, or heart fell	ure. List only one ceuee on	aach line						Interval Betw	пол
The second secon		addi inte.			•		- 1		
IMMEDIATE CAUSE (Final disease or condition								Onset and D	
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disease or condition resulting in deeth)	a. Dro		OF):						
disease or condition resulting in deeth)	DE TO (OR A	wning	-	10					
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32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be find within ZP hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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228-44-0214 1								
4. SOCIAL SECURITY NUMBER 228—44—0214 3. SEX 3. SEX 4. AGE (in yes, last beinday) 4. A AGE (in yes, last beinday) 4. A AGE (in yes, last beinday) 5. SEPT. 26, 1936 4. A AGE (in yes, last beinday) 5. SEPT. 26, 1936 4. A AGE (in yes, last beinday) 5. SEPT. 26, 1936 4. A AGE (in yes, last beinday) 5. SEPT. 26, 1936 4. A AGE (in yes, last beinday) 5. SEPT. 26, 1936 5. SEPT. 26,	PLACE (State or Foreign							
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199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. DEACE OF DISPOSITION (Name of camelary, crametory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHER FUNERAL HOME 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or heert failure. List only one cause on each line. 13. PART I. Enter the disease, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or heert failure. List only one cause on each line. 23. PART I. Enter the disease, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory streat, shock, or heert failure. List only one cause on each line. 24. Due TO (OR AS A CONSEQUENCE OF): 25. Due TO (OR AS A CONSEQUENCE OF): 26. Due TO (OR AS A CONSEQUENCE OF): 27. Due TO (OR AS A CONSEQUENCE OF): 28. Due TO (OR AS A CONSEQUENCE OF): 29. Due TO (OR AS A CONSEQUENCE OF): 20. Due TO (OR AS A CONSEQUENCE OF): 20. LOCATION — City or Town, State, Zip Code) 20. LOCATION — City or Town, State, Zip Code) 21. SIGNATURE OF FUNERAL SERVICE, LICENSEE 21. SIGNATURE OF FUNERAL SERVICE, LICENSEE 21. SIGNATURE OF FUNERAL SERVICE, LICENSEE 21. SIGNATURE OF FUNERAL SERVICE, LICENSEE 22. NAME AND ADDRESS OF FACILITY OF TOWN	— American Indian, c, White, atc. fy: WHITE							
199. INFORMANT'S NAME (Type/Print) VIOLA BISHOP 199. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 209. METHOD OF DISPOSITION 18 Burlet 2 Crametion 3 Removal from State 190. PLACE OF DISPOSITION (Name of cemetary, crametory or other place) 191. SIGNATURE OF FUNERAL SERVICE LICENSEE 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. METHOD OF DISPOSITION 200. DISPOSITION (Name of cemetary, crametory or other place) 200. LOCATION — City or Disposition of During Place 201. DISPOSITION (Name of cemetary, crametory or other place) 201. DISPOSITION (Name of cemetary, crametory or other place) 202. LOCATION — City or During Place 203. PLACE OF DISPOSITION (Name of cemetary, crametory or other place) 203. PLACE OF DISPOSITION (Name of cemetary, crametory or other place) 204. LOCATION — City or During Place 205. PLACE OF DISPOSITION (Name of cemetary, crametory or other place) 205. PLACE OF DISPOSITION (Name of cemetary, crametory or other place) 206. LOCATION — City or Row, State, Zip Code) 207. LOCATION — City or Row, State, Zip Code) 208. LOCATION — City or Row, State, Zip Code) 209. PLACE OF DISPOSITION (Name of cemetary, crametory or other place) 209. LOCATION — City or Row, State, Zip Code) 209. PLACE OF DISPOSITION (Name of cemetary, crametory or other place) 215 25 LAYTONSVILLE 215 25 LAYTONSVILLE 220. LOCATION — City or Row, State, Zip Code) 230. LOCATION — City or Row, State, Zip Code) 240. LOCATION — City or Row, State, Zip Code) 240. LOCATION — City or Row, State, Zip Code) 240. LOCATION — City or Row, State, Zip Code) 240. LOCATION — City or Row, State, Zip Code) 240. LOCATION — City or Row, State, Zip Code) 240. LOCA	NMENT							
Part II. Other significent conditions Part II. Other significent conditions Conditions Part II. Other significent conditions Conditions								
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE RD. LAYTONSV 23. PART I. Enter the diseases, Dr complications that caused the death. DD not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF): 1 DUE TO (OR AS A CONSEQUENCE OF):								
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	L. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO Notural S Pending Pending S Pending S Pending Pending Pending S Pending S Pending Pendi								
2 Accident investigation 2 Accident investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office. 28s. PLACE OF INJURY — At home, farm, street, factory, office.								
	Route Number,							
P 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Nos. Print)								

ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be some ruse as the burial-transit permit. Pages 1, 2, 3 should		
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ficate	state Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	r item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

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FOR STATE REGISTRAR	STATE OF MARYL		HENT OF HEALTH AND	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
Dictor	RY	J.		MONTH DA		0 630 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	1	IRTHPLACE (State or Foreign
099-10-9179	1 X M 2 🗆 F 💍 💍	YAS.	NTHS DAYS HOURS MIN.	(Month, Day, Year) 2 - Z8 -	P105 0	Poland
9a. FACILITY NAME (if not institution, give s	. 0 .		CITY, TOWN OR LOCATION OF D		9c. COUNTY C	OF DEATH
RESIDENCE OF DECEDENT	tus Cand	73	Saltimore	,	C11	4
10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
Maryland C	ity	Ba	Timore			1 YES 2 NO
5728 Jongui	1 Ave		212 /	5	10g. CITIZEN	of what country?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPAL If yee, specify Cuban, Maxico 1 YES 2 NO Specifi	an, Puarto Rican, atc.)		ACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S USU	JAL OCCUPATION done during most of working	18b. KIND OF BUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	MENS	0/0	thing
17. FATNER'S NAME (First, Middle, Last) David Blue	2		18. MOTHER'S NA	AME (First, Middle, Maiden Un Kr	Surname)	
19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)
Phil Rose		6503	Sanzo Rd.	Balt.1	YD.	21209
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other place)	ON (Name of cometery, cremetory or	7 1 1	CATION - CHY O	0 . 4 . 4
21. SIGNATURE OF FUNERAL SERVICE LIN	marzulle	2	22. NAME AND ADDRESS OF FA Hebrew Men 1100 Reisters		1	
	complications that cause List only one cause on e	d the deeth. Do not each line.	enter the mode of dying, suc	ch ea cerdiec or reepi	retory arreat,	Approximate interval Between
iMMEDIATE CAUSE (Finel disease or condition						Onset and Death
resulting in death)	e. END-ST	A CONSEQUENCE OF):	JENIC CORSI	outobe.	Day	Smooth
Sequentially list conditions, if emy, leading to immediate	DUE TO (OR AS	M to COAS A CONSEGUENCE OF):	ial in fact	2605		SMONTH
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST	c. ACTURIO S DUE TO (OR AS	A CONSEQUENCE OF):	CALSTOVASU	210 role	328	Lass
PART II. Other significant condition	ns contributing to deeth i	out not resulting in t	he underlying ceuse given in			24b. WERE AUTOPSY FINDINGS
CHRONIC BY	LOSA LAN	GOTAL		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PROSTATE CA	2002			_		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		26. PLACE OF DEATH (C	heck only one)		

25. WAS CASE EXAMINER 1 | YES 2 | SANO

296. SIGNATURE AND TITLE OF CERTIFIER

5 Pending Investigation

8 Could not be determined

27, MANNER OF DEATH

1 Natural
2 Accident
3 Suicide

4 🗌 Homicide

1 Minpatient 2 ER/Outpatient 3 DOA | 4 Nursing Name 5 Residence 8 Other (Specify)

28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 1 YES TO NO М 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basis of avanination and/or investigation to my onlying death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

17	unfor	ATTWOING	
MAME AND ADD	THE OF BEREAN WHO CO	HOLETED CALLED OF DEATH OFFICE OF	

30

29d. DATE SIGNED (Month, Day, Year)

0 21215

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-flours after death. Page 6 may be restricted to the Completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not	ì	2	S	쿌	i
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page 6 ma TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	-	y be	age	pe	l
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	* REGISTRAR				071110	01 1	DEATH	REG.	140.		
	1. DECEDENT'S NAME (First, Middle, Last)	1.1	7.	. 1			_	2. DATE OF DEAT	TH DAY	YEAR 3.	TIME OF DEATH
	WILL	Mae	BUSTO	N				01 1	027	90	5-30a M
	0. 4	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye	N ar)	8. BIRTNPL Country)	ACE (State or Foreign
	248-60-298	1 🗆 M 2 💢 F	52	YRS.	MONTHS	DAYS	HOURS MIN.	07-08	man and the		J.C
	9a. FACILITY NAME (If not institution, give stre				9b. CITY,	TOWN OR	LOCATION OF DE	ATH	9c. COU	NTY OF DEAT	TN
돈	GNAI HOSPITAL	OF B	ALTIMO	RE	BA	1 TIN	MOR F.				
DIRECTOR	RESIDENCE OF DECEDENT				0//		710700				
	10a. STATE 10b. COUNTY			10c. CITY	Y, TOWN OR	LOCATIO	ON			10	Dd. INSIDE CITY LIMITS?
5	MD Bali	HMORE	2	13	alT	IMI	URE			1)	YES 2 NO
FUNERAL	10e. STREET AND NUMBER	. 7	1			10f. 2	ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?			
	3621 W. Be				212	-15		U	SA		
5	11. MARITAL STATUS	12. WAS DECEDEN						IIC ORIGIN? (Speci			- American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	lo			NO Specify	n, Puarto Rican, ate	2.)	Black, W Specify:	White, etc.
2	3 Widowed 4 Divorced		,				X			-	Black
ᆲᅵ	15. DECEDENT'S EDUCA (Specify only highest grade of		18e. DE	CEDENT'S	USUAL OCC	CUPATION	V	16b, KIND O	F BUSINESS/IN	DUSTRY	· -
<u>.</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	Life.	Do NOT us	e retired.)	unny mose	or working				
<u> </u>											
COMPLEIED	17. FATNER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Middle, M	alden Surname)		
_	Willia Dava	an					Mura	Sowe	ells		
	19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	(Street and	d Number or Rural	Route Number, City of	or Town, State, ZI	p Code)	,
2	Mary Grans	(1)	1.5	362	/ //	II	Relunda	ore, A	eno	Bal-	to red 21215
	200. METHOD OF DISPOSITION	21113	20b, PLACE	OF DISPOS	SITION (Nam	ne of ceme	etery, crematory or	20	c LOCATION -	City or Town	
	1 Surtal 2 Cremation 3 Remov	ral from State	other pl	ace) /	onto	No.	Star (PM 7	axhacii	190	711
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		VV	22. N	AME AND	D ADDRESS OF FA	CILITY	~~~~~~~	110/1	ig
		M.					h F/H				
	Tala 1	1 au				4300		sh_Avenu	0		
	23. PART I. Enter the disease, or co				Dt enter t	the mod	le of dying, suc	h ee cerdiec Dr	reepiratory er	rest,	Approximate
- 1	ehock, or heart feliure. Li	let only blie ceu	ise Dil eech iine	١.							Interval Between
- 1	II IMMEDIATE CAUSE IFING										Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	SEDS	SIS	1 PS	Plote	2m) (Spas				Onset and Death
		SEDS DUE TO	SIS (OR AS A CONSE	(PS	eude	ome	onas				Onset and Death
2	disease or condition			(PS	eude	ome	onas	•			Onset and Death
ION	disease or condition resulting in deeth) s. Sequentisity list conditions,	A LS		OUENCE OF	F):	ome	phas	•			Onset and Death
CALION	disease or condition resulting in deeth) Sequentially list conditions, if emy, leeding to immediate cause. Enter UNDERLYING	A LS	(OR AS A CONSE	OUENCE OF	F):	ome	onas	•			Onset and Death
IFICATION	disease or condition resulting in death) s. Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	F): F):	ome	onas				Onset and Death
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 6 Pending Invastigation 3 Suicide 6 Could not be datermined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO DUE TO DUE TO CONTributing to HOSPITAL: Inpetiant 2 28e. DATE Of Month, D	(OR AS A CONSECTION OF INJURY — At he atc. (Specify)	DUENCE OF DUENCE OF COUNTY OF THE PROPERTY OF	OTHER 4 Nursi E OF URY M street, facto	26. PLA 1 YE 27, office The data a point on, de	Couse given in ACE OF DEATN (Ch. 5 5 Residence RRY AT RR? ES 2 NO and place, and due atth occured at the	eck only one) 8 Other (Specific 28d. DESCRIBE II 28f. LOCATION (SCHOOL City or Town, on to the cause(a) and offme, date end plant.	PRES 2 NO NO NO NO NO NO NO NO NO NO	ACCURED CCURED are or Rural Flourated.	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO When Number, when Number,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	natio	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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•	FOR STATE REGISTRAR	STATE OF M	ARYLAND / D				EALTH AND	D MEN	TAL HYGIEN	Ε,			
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH			TIME OF OEATH	
	Albert		Brig	gs.	3r				1 DA	7 9	O	2:00A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	-	IF UNDER		IF UNDER 24 HR	s. 7. D	ATE OF BIRTH	8.	BIRTHPL/	ACE (State or Foreign	
	219-38-0740	1 💢 M 2 🗆 F	46	YRS.	MONTHS	DAYS	HOURS MIN	, ,	9-30-194	8. BIRTHPLACE (State or Foreign Country) S. C.			
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN O	R LOCATION OF	F DEATH	TH 9c. COUNTY OF DEATH				
OR	University Hosp	pital				Ba.	ltimore	e Cit	У	d			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c CIT	Y TOWN (OR LOCAT	ION			-	10	d, INSIDE CITY	
E E	Md					town or location					Х	LIMITS? YES 2 NO	
0	10e. STREET AND NUMBER				10f. ZIP COOE					10e. CITIZEN		T COUNTRY?	
RA	NAME OF CONTROL OF THE PROPERTY OF THE PROPERT					100					SA		
BY FUNERAL DIRECTOR	4606 Manordene 11. Marital status 12. Was decedent ever in U.S., A)				13.	WAS DEC	ENDENT OF HIS	SPANIC OF	RIGIN? (Specify Yes	,		American Indian,	
F	1 Never Married 2 Married FORCES? 1 YES 2/[/]					If yes, spe	2 NO So	xican, Pu	arto Rican, etc.)		Black, W Specify:	American Indian, Thite, atc. Black	
	3 Wildowed 4 Divorced						-,424						
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade	CATION completed)	(Give	kind of	USUAL O		N st of working		16b. KIND OF BUS	SINESS/INOUS	TRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+) Iffe. D	o NOT u	se retired.)			30					
MP													
8	17. FATHER'S NAME (First, Middle, Last) Albert Briggs,							irst, Middle, Meiden 1cClary	Surname)				
BE	190. INFORMANT'S NAME (Type/Print)	, 31	100	54 6 N 1930	ADDRES	e Charle			Number, City or Tow	- Ctata Zia Ca	- clal		
유	Albert Briggs Sr	c		401					to, Md 2		ide)		
	20s. METHOD OF DISPOSITION						netery, crematory			CATION — City	v or Town	State	
	1 \(\text{District Buriel 2 \(\text{Cremetion 3 \(\text{District Remotion 5 \(\text{District Other (Specify) \(\text{Line 1} \)	Weste	rn (Ceme	terv	, ordinalory			timore				
	21. SIGNATURE OF FUNGBIAL BERVICE LIC	CENSIE	/				D ADDRESS O	F FACILITY			,		
	March March Habash E/H west wabash Avenue												
	Mala	114	w	J								(American state of the state o	
	23. PART I. Enter the diseases, or c shock, or heart fallure.			tn. Do	not ante	r tha mo	da or dying,	sucn as	cardiac or respi	ratory arres	L,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel									Onset and Deeth			
	resulting in death)	e	Thermal			S Wl	th Comp	olica	ations				
		DUE TO	(OR AS A CONSEQU	JENCE C	и-):								
CERTIFICATION	Sequentielly list conditions,	b	(OR AS A CONSEQU	JENCE C	F):								
AT	if any, leading to immediate cause. Enter UNDERLYING											1	
표	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSEQU	JENCE O	PF):								
ᇤ	resulting in deeth) LAST	d											
0	PART II. Other significant condition	as contributing to	death but not re	suttina	In the u	oderivio	n cause nive	n in Part	I. 24s, WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDINGS	
CAL	TATT II. Outer significant contactor	_ continuently to	doctil out not lo	ou.cmg	III die e		g cause give		PERFO	RMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE	
MEDI									1 TYES	∑{ NO	0	F DEATH?	
Σ									INSPE	CTION	1	X YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		,			26 P	ACE OF DEATH	H (Check o					
PHYSICIAN:	EXAMINER?	HOSPITAL:	Tenen a Carlos i a C	7.004	OTHE	R:							
₹	1 X YES 2 NO	1 12 Inpatient 2	ER/Outpetient 3	28b. Til			ury AT		Other (Specify)	NAMES OCCU	9FD		
	1 Natural 5 Pending	(Month, D	8/90	8:1	JURY	WC	PRK7 YES 2 W NO		ubject i		-	re	
BY	2XXAccident Investigation 3 Suicide & Could not be		F INJURY — At hom					_	LOCATION (Street	and Number or			
0	4 Homicide 6 Could not be	building,	stc. (Specify)	me	,			160	Of Manor		?dF	Balto.Md.	
COMPLET	29a. CERTIFIER	ICIAN: To the best of			and at the	the det	and place and						
₩	(Check only one) 2 MEDICAL EXAMINE											and manner as stated.	
	29b. SIGNATURE AND TITLE OF CENTIFIES	_		-111-00-01			29c. LICENSE						
BE	May The M	. 46.	10				OCM			290, DATES	1/27	fonth, Day, Year) 7/90	
은	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH (ITEM	27) (Tvo	e, Printi			_					
	Margarita A. Kore				111	Penn	St.		Ral	to., M	1d. 3	21201	
	31. DATE-FILED (Month, Day, Year)	/ 32. #EGISTR	AN'S SIMPLEME OF		444	1111	DC.		Dai		2	t V	
	FFB 0.5 1990 S	24 10 Navido	DA - North										

event, the medical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at enter
al, cremation, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
completely filled in by the funeral director, page 5 should be detact	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be setting
ted withln 2 mours after death. Page 6 may be retained by the hou	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by me has
140, MARTLAND	DIVISION OF VITAL RECORDS, P.O. DOA 13149,

	FOR STATE REGISTRAR	STATE OF MARYL			F DEATH	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	IOAIL O	DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
		Arnold B	RODE			FEBRUARY "	Ĭ. 1990	5:45p M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	IRTHPLACE (State or Foreign	
	2/9-03-2558	1 [X M 2 [F	75 YRS.	MONTHS DAY	S HOURS MIN.	(Month, Day, Year) 08 24 14	, ,	ountry) Md.	
	9e. FACILITY NAME (if not institution, give stre	eet and number)	12	9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY		
5	THE JOHNS HOPK	INS HOSPITAL		BAL	TIMORE CI	ΓY	V	U.A.	
ן ק	RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY		10. 017	Y, TOWN OR LO	CATION			10d, INSIDE CITY	
DIRECTOR		timore	100. 011		rate			LIMITS?	
	10e. STREET AND NUMBER	COINT CO		Cox	10f. ZIP CODE		100 CITIZEN	1 ☐ YES 2 € NO OF WHAT COUNTRY?	
HA HA	406 South 51st. S.	tnoot			2/224		//	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Yes	or No— 14. 1	RACE — American Indian,	
	1 Never Merried 2 Married	FORCES? 1 YES			specify Cuben, Mexico			Black, White, etc. Specify: ////	
9	3 Widowed 4 Divorced				~			White	
E9	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUSTI	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		nter		Pair	itina		
COMPL	17. FATHER'S NAME (First, Middle, Last)	24%	1700	iver	16. MOTHER'S NA	AME (First, Middle, Meiden	- 1		
Ö	Arnold Brode				Minn				
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Stre		Route Number, City or Tow	n, State, Zip Cod	(e)	
임	Clara E. Brode		406 S	. 51st	Street 1	Balto., Md.	21224		
	20a, METHOD OF DISPOSITION			SITION (Name of	cemetery, crematory or	20c. LO	CATION — City	or Town, State	
	1 Deurin 2 Cremation 3 Removal from State other place) 4 Donation 5 Other (Specify) Green Mount (rematory Balto, City, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Eastern Ave.								
	Charles D.	Jule		Cha	rles S.Zei	iler & Son	Inc.	Eastern Ave.	
	23. PART I. Enter the diseases, or co shock, or heart fallure. L	omplications that coused	the death. Do					Approximate Interval Between	
	IMMEDIATE CAUSE (Final	or include 8						Onset and Death	
	disease or condition resulting in death) a	. Bilateral	Cerebi	2/ 10	farets			14 DH48	
		DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE	PF):	1	1-26		11	
8 0	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE C	DED!	distase	arja		14 DA-1	
Y I	if any, leeding to immediate cause. Enter UNDERLYING	CONDIANA DUE TO (OR AS A	aster	y by	pass ou	ifery		14 days	
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE	h:					
	reaulting in death) LAST	l							
٦	PART II. Other significant conditions	contributing to deeth b	ut not resulting	In the under	ving cause given in	Part I. 24s WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
<u></u> 5		•			,	PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
						1 TYES 2	NO	OF DEATH? 1 ☐ YES 2 ☐ NO	
≥						_		1 120 1 1 100	
ž	25. WAS CASE REFERRED TO MEDICAL				. PLACE OF DEATH (C	heck only one)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	outlent 3 🗆 DQA	OTHER:	Home 5 🗆 Residence	8 Other (Specify)			
PHYSICIAN: MEDI	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. T#	ME OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE HOW	NJURY OCCURE	D	
8	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO				
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spec		street, factory,	office	281. LOCATION (Street City or Town, State		lural Route Number,	
COMPLETED	one)	CIAN: To the best of my know							
ខ្ញុំ	2 MEDICAL EXAMINER		n and/or investigati	on, in my opinic	n, death occured at th	e time, date and place, a	nd due to the ca	ruse(e) end manner as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIER VINCENT K. H.		λ		29c. LICENSE NO			GNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) /5~	n Prine) 1	INCHA L	11 70m	mà	1-70	
	LOHNS HOPICINS				ORE	MA HE GENN	D		
	2- FEB 05 1990	32. DEGISTRAPS SIGN	ATUHINANDAS						

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BALTIMORE, MARYLAND 2	24 hours after death. Page 6 may be retained by the hospital	filled in by the funeral director, page 5 should be detached for ion, or removal,	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he fined within 72 hours after death with the State Deot, of Health and Mental Hotlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTMI CERTIFICA	ENT OF HEALTH AND N NTE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		RSON	2. DATE OF DEATH MONTH DAY	VEAR	L TIME OF DEATH
8	DLIYER J.		NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	7 0	ACE (State or Foreign
1	215-01-5036 IXM2 OF	82 YRS. MONT		(Month, Day, Year)	907 Country)	N,C
	So. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF DEA	хтн
5	Harbor Huspital	Center L	Saltimore			
DIRECTOR	10e. STATE 10b. COUNTY	0	WN OR LOCATION		1	Od. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	Dai	4 MORE		10g. CITIZEN OF WH	YES 2 NO
EHAL	2302 Harley	Ave	2/2/3	5	U .	SA
	11. MARITAL STATUS 12. WAS DECEDE	ENT EVER IN U.S. ARMED 1 YES 2 NO	13. WAS DECENDENT OF HISPAN II yes, specify Cuben, Mexica		or No- 14. RACE -	- American Indian, White, etc.
	1 Never Merried 2 Merried IF YES, GIVE	MAH OR DATES	1 WES 2 NO Specify		Specify:	01-1
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUI	AL OCCUPATION fone during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
4	Elementery/Secondery (0-12) College (1-4 or :	life Do NOT use reti	ed.)			
- N	17. FATHER'S NAME (First, Middle, Last)		18, MOTHER'S NA	ME (First, Middle, Malden S	iurname)	
ק ה		rson	Minnie	e flater	-	
2	Therea P. Carson	19b. MAILING ADD	RESS (Street and Number or Rural I	Ploute Number, City or Town,	1 -	1216
	20e, METHOD OF DISPOSITION 1	20b. PLACE OF DISPOSITION other place)	N (Name of cemetery, crematory or	0 // 20c. LOC	ATION — City or Tow	
	4/ Donation 5 Other (Specify)	Mal	Vat Men 1	ark ta	urel,	Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. /	22. NAME AND ADDRESS OF FA	- H. Wes	+	1
	23. PANT L Enter the diseases, or complications to	net caused the death. Do not a	inter the mode of dyling suc	00 Wal	Pash /	Approximate
	ahock, or heert feliure. Liet only one co		k	\ \ \ \	4	Interval Between Onset and Death
	disesse or condition resulting in death)	l'ailure /	Concestive +	-least 4a	iline	
- 1				mg/0" "	00.	<u> </u>
1	DUE 1	o (OR AS A CONSEQUENCE OF)				
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BE COMPLETED BY PRISICIAN: MEDICAL CERTIFIC	Sequentially liet conditione, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions contributing Death Examiner? 1 YES 2 YO 1 Inpatient 2 27. MANNER OF DEATH 28. DATE (Month, 1) Inpatient 2 27. MANNER OF DEATH 28. DATE (Month, 1) Inpatient 2 28. PLACE building investigation 2 29. CERTIFIER (Check only one) 2 MEDICAL Examiner: On the best of MEDICAL Examiner: On the basic of MEDICAL Examiner: On	TO (OR AS A CONSEQUENCE OF): TO (OR	28. PLACE OF DEATH (Ch HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO I, tectory, office	B Other (Specify) 28d. DESCRIBE HOW IN 28t. LOCATION (Street er City or Town, Stete) to the ceuse(s) end ment time, date end place, end	MED? NO NO NUMBER OF RURAL RO	AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Pute Number, end manner ee stated.
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BALTIMORE, MARYIMA 21203-3146

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CE	ERTIFICATE	0	F DEAT	H		REG. I	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	E Coates				2. DATE OF D		- 9'E	3. T	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-36-0563	IF UNDER 24 HRS. HOURS MIN.		0-16	0	ountry)	CE (State or Foreign			
OR	90. FACILITY NAME (If not institution, give so Stella Maris Ho			96. CITY, TOWN O	OR LOCATION OF DE	ATH		alti		County
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	γ		Y, TOWN OR LOCA	RE COUN'	nv			1000	I. INSIDE CITY LIMITS? YES 24 ANO
FUNERAL	100. STREET AND NUMBER STELLA MORRIS	DULANEY VA			21208		10g			COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	if yes, sp	ENDENT OF HISPAN ecity Cuban, Mexican X NO Specify	n, Puerto Rican		14.		
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)			USUAL OCCUPATION Work done during more retired.)		16b. KIND	OF BUSINES	S/INDUST		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA			me)		
BE	REGINALD ROBE	RTS, SR.	105 MARING	ADDRESS (Short	GOLDII			77-0-4	- 1	
2	REGINALD ROBER	TS, JR.			G PLACE					78203
	20e. METHOD OF DISPOSITION 1	noval from State	PLACE OF DISPOS other place) METRO C	REMATOI 22. NAME A LEROY	RY INC. ND ADDRESS OF FAM Y O. DY	ETT &	SON 1	IMOR FUNE	E.	MARYLAND
	22. P45 1. Inter the diames, or ahock, or hear failure. IMMEDIATE CAUSE (final disease or condition resulting in death)	List only one cause on a	esh line.	phagus	ode of dying, suci	h ss cardlec	or respiretor	y arrest,		Approximate Intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE O							
MEDICAL	PART II. Other significant condition	ns contributing to death b	ut not resulting	in the underlyin	g cause given in		WAS AN AUTO PERFORMED		CON	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 DATO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)				
IXSI	1 NES 2 DANO	1 Inpatient 2 ER/Outp			ne 8 🗆 Residence	4.4		spic	77.7	
ву Рн	27. MANNS# OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIE	HOW INJUR	Y OCCURI	io	
0	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Spec	At home, farm,	street, factory, offic	xe	281, LOCATION City or You	N (Street and N wn, State)	umber or R	ural Route	i Number,
COMPLETE	one)	SICIAN: To the best of my know IER: On the basis of examination							use(a) and	d manner se stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	A. alex	ande		29c. LICENSE NUM D 2708		296	DATE SIC		90
2	30. NAME AND ADDRESS OF PERSON W				co-Dullar	1077 7757	lev Da	_ا	Mean	21204
	Carla S. Alexar	James RAR'S AND -SE	ETTA MAI	Te uosb.	rce-Duran	iey val	Tel KO	10	WSUI	21204
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8		d. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at obce.
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ge	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23
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FOR STATE REGISTRAR	STATE OF			TMENT OF H		MENTAL HYGIE REG. N						
1. DECEDENT'S NAME (First, Middle, La	st)					2. DATE OF DEATN			3. TIME OF DEATN			
Albert		Patrick		Caslin		January	DAY 21 10	YEAR	2:10 A			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	ant fairthclass)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	31 1:	_	NPLACE (State or Foreign			
215-10-7493	1 📉 2 🗆 F		YRS.	MONTHS DAYS	HOURS MIN.	March 9	1917	Coun	aryland			
98. FACILITY NAME (If not institution, g. 401 Warren Roa					ysville	DEATN		9c. COUNTY OF DEATN Baltimore				
RESIDENCE OF DECEDENT							1 00	ii ciiii	31 6			
Maryland Ba	Itimore			y, town or Local ockeysvi					10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
401 Warren R	oad			101	21030		10g. CI	US/	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW I				If yes, sp		ANIC ORIGIN? (Specify to can, Puarto Rican, etc.) city:	es or No—	Blac	ck, White, atc.			
15. DECEDENT'S (Specify only highest g	16a. D	ECEDENT'S Give kind of	USUAL OCCUPATION Work done during mose retired.)	ON ast of working	16b. KIND OF B	USINESS/II	OUSTRY					
Elementary/Secondary (0-12)	College (1-4 or	5+1		act Truc		H	aulin	g				
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, Middle, Malde	on Sumame)					
Patrick J. C	aslin				Edr	na Marie H	larma	n				
19a. INFORMANT'S NAME (Type/Print)		.11	9b. MAILING	ADDRESS (Street	and Number or Rura	l Route Number, City or R	own, State, 2	(ip Code)				
Thomas P. Ca	slin		142	23 Gree	n Road.	Baldwin.	Md.	210	13			
20s. METNOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Name of ce	Green Road, Baldwin, Md. 21013 (Name of cemelory, cremetory or 20c. LOCATION — City or Town, State							
1 Normal 2 Cremation 3 F	lamoval from Stata	St. other p	loser	his Chi	irch Cer	metery C	ockov	evil.	lo Md			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE MAA	1 0	2000	22 NAME A	ND ADORESS OF F	ACILITY	ocke	SVII	ie, ma.			
Martin D. Lawson Lemmon-Mitchell-Wiedefeld Timonium, Maryland 21093												
shock, pr heert falls iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentistly list conditions, If any, leeding to immediate cause. Enter UNDERLYING	a. Cf		EOUENCE O	F):	* RE	LEMI	5	-	interval Betwe Onset and Dea			
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	TO (OR AS A CONSE	EQUENCE O	F):								
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 HO 1 YES 2 NO												
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			26. P	LACE OF OEATH (C	Check only one)						
1 ☐ YES 2 X NO		ER/Outpetient	3 DOA		ne 5 💢 Residence	6 Other (Specify)						
27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigati		OF INJURY , Day, Year)	25b. TIM	JURY WO	JURY AT ORK? YES 2 NO	28d, DEŞCRIBE NOV	V INJURY C	CCURED				
3 Sulcide s Could not determine	be 28e. PLACE building	OF INJURY — At hing, atc. (Specify)	nome, farm,	street, factory, offic	ie .	251. LOCATION (Stree City or Town, Sta	et and Numi	per or Runa	Route Number,			
(orrown drifty	AINER: On the basis o						and due to	the cause	(a) and manner as stated			

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DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its ann TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining within 72 hours after death with the Total State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining the machine and the state of

. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH	AV	VEAD	3. TIME OF DEATH
Anna	CAMPBELL						Jan	uary 2	9, 19	90	350A
SOCIAL SECURITY NUMBER 215-22-3024	5. SEX 1 M 2 X F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YEAR	-	R 24 HRS. MIN.	7. DATE	of BIRTH th, Day, Year) -26-18	94	Count	HPLACE (State or Foreign try) CTMANY
De. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCAT	ION OF D			9c. COUN		
Franklin Squar	e Hospita	1			Ros	svil	le		Ba	1ti	more
0e. STATE 10b. COUNT	altimore		10c. CIT	Glen		e					10d. INSIDE CITY LIMITS? 1 YES 200 NO
Oo. STREET AND NUMBER					101. ZIP COC				10g. CITIZ	EN OF	WHAT COUNTRY?
305 Gatewater	Court				21	061			U	SA	
1. MARITAL STATUS Never Merried 2 Merried Wildowed 4 Divorced	ever Merried 2 Merried FORCES? 1 YES 2								e or No—	14. RAC Blac Spec	E - American Indian, ok, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ortant/Secondary (0.12) College (1.4 or 5.4)				TION most of work	ing	18	18b. KIND OF BUSINESS/INDUSTRY			
Elementary/Secondary (0-12) 12th grade	College (1-4 or 5 +	-)		mploye				Pro	fessi	ona.	l Cook
7. FATHER'S NAME (First, Middle, Last)						THER'S NA	ME (First,	Middle, Maiden	Surname)		
George Horeth					В	erth	a Wi	lhelm			
9e. INFORMANT'S NAME (Type/Print)		191		ADDRESS (Street							
Lillian Malkus			305	Gatewa	ter C	t.Gl	en B	urnie,	Mary	lan	d 21061
tos. METHOD OF DISPOSITION Disposition Commetted	noval from State	20b. PLACE other pli	face)	sition (Name of dens of					cation — c ltimo		own, State Maryland
H. SIGNATURE OF FUNERAL SERVICE LI	CONSEE	011		22. NAME	AND ADDR	ESS OF FA	CILITY	ma			
23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel	Liet only one ceu	iee on each line	eath. Do	not enter the	Bal	timo:		Maryla		1230 est,	Approximete Interval Between Onset and Deat
23. PART I. Enter the diseases, or shock, or heart feilure.	Complications the Liet only one cau Pneum s	Onia (OR AS A CONSE	OUENCE O	PF):	Bal	timo:	re,	Maryla			Approximete Interval Between
23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	Pneum s. Due to b. Due to	onia	OUENCE O)F): PF):	Bal	timo:	re,	Maryla			Approximete Interval Between
23. PART I. Enter the diseeses, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO C. OUE TO d.	ONIA (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A C	OUENCE O)F):)F):	Bal node of d	timo:	re,	Maryla	N AUTOPSY RMED?	ost,	Approximate Interval Between Onset and Deat Onset and Deat b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a more managed by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in the section, page 5 should be detached for use as the burlat-		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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M.D.

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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI I	JAIL 01	DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
	PHYLLIS A.	CARDINA	LE			монтн 1 — 3			
		8. AGE (1)		IF UNDER 1 YEAR ONTHS DAYS	#F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-17-16	C	IRTNPLACE (State or Foreign ountry) assachusetts	
	9a. FACILITY NAME (If not institution, give street	and number)		Db. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY		
2	Shady Groyel A	dventist		Rockv	ville		Моз	ntgomery	
DIMEC		tgomery	tec. city, Ga	TOWN OR LOCA Ithers	burg			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
UNEWAL	100. STREET AND NUMBER 19310 Club Hous	se Rd.		10	1. ZIP CODE 20879	79 Tog. CITIZEN OF WHAT COUNTRY?			
10	11. MARITAL STATUS 12. 1 Never Married 2 Merried 3 X Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s		IIC ORIOIN? (Specify Yea n, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify, 11 te	
CELED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) 1.2	DN ploted) bliege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Homema.	rk done during m retired.)	ON ost of working	16b. KIND OF BUS		RY	
1	17. FATHER'S NAME (First, Middle, Last)				18 MOTNER'S NA	ME (First, Middle, Maiden	Sumama)		
5	Harry Hayman					Unknown			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	end Number or Rural i	Route Number, City or Tow	n, State, Zip Code	n)	
	Susan Cardinal	9	5600	Wisco	nsin Av	re., Chev	y Chas	se, Md.	
	20a. METHOD OF DISPOSITION 1	from State M	PLACE OF DISPOSIT other place) etropol				cation – city i	ia, Va.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME A	ND ADDRESS OF FA	CILITY			
	Friet Hollan	du X	\supset			on Funer urch, Va			
	23. PART I. Enter the diseases, or com							Approximats	
	shock, or heart fellure. List IMMEDIATE CAUSE (Finel	only one cause on a	sch lina.					Interval Between Onset and Death	
	disease or condition resulting in death)	CARDI	OPULMO	NER	1 ARR	LEST			
		DUE TO (OR AS A	CONSEQUENCE OF)			DEARD	UASZI	utre	
20	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):							
3	CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF):							
	that initiated events resulting in dasth) LAST	(ATORY		ne .				
								1	
EDICAL	PART II. Other significant conditions of	ontributing to death b	ut not resulting in	the underlylr	ng causa given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
						—]		1 YES 2 NO	
SICIAIN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATN (Ch	eck only one)			
2		OSPITAL: Inpatient 2 - ER/Outp		OTHER:	ne 8 🗆 Residence	8 Other (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW	NJURY OCCURE	CD C	
ובח ס	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	reet, factory, offi	ce	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
CMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C							use(a) and manner as stated.	
20 20	296. SIGNATURE OF CHILDREN	A. BAKH			29c. LICENSE NUI D274			O 90	
>	TOW CE	(301) 230	- 5142		1	v 1 (110)	1 2	را	

9406 OUD GEORGETOWN

RD., BETHESDA, MD 20814

3. TIME OF DEATH

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2. OATE OF OEATH MONTH

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BALTIMORE MARK AND 21203-3146	is the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, and standard detached for use as the burial-transit permit. Pages 1, 2, 3 should		id at once.
	e executed within 24 mours after death. Page 6 may be need a	in and completely filled in by the funeral director, wige 3 since	to burial, cremation, or removal,	umatic event, the medical examiner must be notified
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 around after death. Page 6 may be retained to the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia	within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	YAMT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
DIVISI	HOSPITAL OR ATTEN	FUNERAL DIRECTOR	within 72 hours after	ITANT: If Item 28 is marked, or

7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreig. 1 M 2 D DIRECTOR 'lora RESIDENCE OF DECEDEN 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY 10a. STATE 1 YES 2 NO rdee FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN_OF WHAT COUNTRY? 10f. ZIP CODE 100 1 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-H was, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 🗌 Ma IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specific Specify ΒY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 185 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) CLERK 17. PATHER'S NAME (First, Middle, Last) 18. MOTHER AME (First Middle, Maldeg Surname) 101 ewec UY 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town State Zio Codel 2 Trelawny Ct., Lutherville, Md. 21903 JoAnn Harrison (daughter) 20a. METHOD OF DISPOSITION 20c. LQCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory of 208. METHOD OF DISPOSITION

1 Septial 2 Cremetion 3 Removal for 4 Donation 5 Other (Specify)

21. SIGNATURE OF TUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY 2.2. STATE ANATOMY BOARD, BALTO., MD. 23. PART i. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such es cardiec or respiratory arrest, Approximete shock, or heart failure. List only one cause on each line. interval Between Onset end Death IMMEDIATE CAUSE (Final Respiratory failure. in COPP disease or condition resulting in death) YN -DUE TO (OR AS A CONSEQUENCE OF): Reff acident. Severe Hypolaelia. MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING pulmonalae Cor-CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 4 Nurs . DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF GEATH 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending 1 YES 2 NO ВҰ 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 1 😾 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death or ed at the time, date end place, end due to the cause(s) end manner as stated. DISHLY 296. SIGNATURE AND TITLE OF CENT 29d. DATE SIGNED (Month, Day, Year) TO THE DE filed IMPOR BE B.D. Parekh M.D. 1-30-90 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAREICH 1908 HARFORD FALLSTON MD MD 21047. 32. EGISTRAS SIGNATURE POPULATION OHMH-18 Rev 1/89

1	-	FOR STATE REGISTRAR
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STATE OF MADY AND / DEPARTMENT OF HEALTH AND MENTAL INVOICED

	1. DECEDENT'S NAME (First, Middle, Last) Andre Dubose								2. DATE	OF DEATH) 1	990*	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-62-9121	5. SEX 1 M 2 F	6. AGE (In yrs.)	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	of Birth		8. BIRTI Count	HPLACE (State or Foreign ry) MD
	99. FACILITY NAME (If not institution, give s Deer's Head Cent	reet and number)			9ь. сіту, Sa	list	LOCATIO	ON OF DE	-		9c. CO	i com	СО
	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			1 40 - 01-									
	MD IOB. COOKIN	•		10c. CITY, TOWN OR LOCATION BALTIMORE								10d. INSIDE CITY LIMITS? 1) YES 2 NO	
H	10e. STREET AND NUMBER			DA	LITT		ZIP CODE	E		10g. CITIZEN OF WHAT CO			7
1	1054 N. LUZERNE	AVENUE		21205					USA				
	11. MARITAL STATUS 1 💢 Never Merried 2 🗌 Merried 3 🗍 Widowed 4 📗 Divorced	12. WAS DECEDEN	YES 2 X	EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexico				n, Mexice	n, Puerto I		e or No—	14. RAC Blec Spec	
	15. DECEDENT'S EDU	16a.	16a. DECEDENT'S USUAL OCCUPATION				186	. KIND OF BU	JSINESS/II	OUSTRY	BLACK		
-	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5		(Give kind of	work done o	during mo	st of working	g	1				
	12th	conege (1-4 of 5	"	HOUSEKEEPING					JOHNS	HOP	<pre><ins< pre=""></ins<></pre>	HOSPITAL	
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Malden Surname)							
L	DAVID DUBOSE					18. MOTHER'S NAME (First, Middle, Maiden Surname) VIVIAN LINDSAY							
	Company of the Compan							r or Rural Route Number, City or Town, State, Zip Code) REET/BALTIMORE, MD 21205					
L	JOANH BOYD								/BAL	TIMOR	E, Mi) 21	205
	20e, METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLAC other MD N	E OF DISPO PIACE) ATION	AL MI	me of cer EMOR	IAL	PARK			UREL	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F/H 1101 E. NORTH AV							AVENUE					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats	Morbid	OF AS A CONS	SEQUENCE C									Onset and Dae
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	d	OR AS A CONS										
	PART II. Other significant condition	e contributing to	death but no	t resulting	in the ur	nderiyin	g ceuse	given in	Part I.	24a. WAS A PERFO	RMED?	Y 24	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE DF D	EATH (Ch	eck only o	ne)			
	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHEI	Rt:				er (Specify)			11
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month, I	F INJURY	28b. TII		28c. IN.				SCRIBE HOW	INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At , atc. (Specify)	home, farm,	atreet, fec	tory, offic	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	Hopra	when	MD				3390			29d. D		(Month, Day, Year)
	Virginia D. Hofr	euter M.		's He		ente	r Sa	lisb	ury,	Md.	2180	1	

isit permit. Pages 1, 2, 3 should TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for see be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or

BALTIMORE, MARYLAND 2120

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	nation, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the State Dept. of H	5	's after death wi
e funeral di	lely filled in by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	certificate has been s	40	ECTOR: After thi
death. F	nin surs after	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . Jurs after death, Presented to the control of the c	ICIAN: The law requi	3	ATTENDING PH
			1	-	

FEB 05

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 32. REGISTRAR'S SIGNATURE

SULLA JALY CASA.

	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND / DE		OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E	90 026		
	1. DECEDENT'S NAME (First, Middle, Last) FMILO &	Deluca	HIOAIL	OI DEATH	2. DATE OF DEATH MONTH DA	' 9 ^{YE}	3. TIME OF DEATH		
	10 10 man 1	SEX 6. AGE (In yrs. last birth	day) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	3/	Country) Mayy and		
OBO	90. FACILITY NAME (if not institution); the stry	lphiald	96. ONY.	Himouk	121237	Buff Buff	OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100	CITY, TOWN OF	sedale	· · · · · · · · · · · · · · · · · · ·		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER Philo	delphia Ro	1	101. ZIP CODE	37	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	11	AS DECENDENT OF HISPAN yes, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Ricen, atc.)		RACE — American Indian, Black, White, etc.		
LETED	15. DECEOENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	oleted) (Give kir	NT'S USUAL OC od of work done of IOT use retired.)	CUPATION uring most of working	166, KIND OF BUS	INESS/INDUST	RY		
TO BE COMPLET	17. FATHER'S NAME (First, Middle, Last) A brano (Abre	zham) Dely	ch i		ME (First, Middle, Maiden :	Surneme	temmia.		
TO B	19a. INFORMANT'S NAME (Type/Print)	De Luca 196. MA	LING ADDRESS	Street and Number or Aural Philace	Phia R	State, Zip Coo	osedale, Mlaps		
	20e. METHOD OF DISPOSITION Suriel 2 Cremetion 3 Removal A Donation 5 Other (Specify)	from State other place)	Holy	le deliner	20c. LO	Salt	or Town, State /		
examine	21. SIGHAPONE OF PUNGENAL SERVICE LIBERS	W	P2. N	ACL ROSCOLO	F.H.T.C	1211	Closaco		
nt, the medical examiner	23. PART 1. Inner the disease, or companies. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one couse on each line. Prostate(and	the mode of dying, auc			Approximete interval Between Onset and Death		
or other traumatic event,	Sequentially flat conditions, if any, leading to immediate cause Finer LINERRY MG	DUE TO (OR AS A CONSEQUEN					Lyears		
or other traumatic	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
any injury,	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO								
SICIAN: MET	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)				
0 ≥	1 VES 2 NO 1	OSPITAL: Inpatient 2 ER/Outpatient 3 0 28e. DATE OF INJURY (Month, Day, Year) 28i		ing Home 5 Healdence 26c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	ED		
8 is mark	1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At home, 1 building, etc. (Specify)	М	1 YES 2 NO	261. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,		
If item	(Check only	d: To the best of my knowledge, death on the basic of examination end/or investigation.					suse(e) and menner as stated,		
IMPORTANT: O BE CO!	29b. SIGNATURE AND TITLE OF COMPANY	ven		29c. LICENSE NUI	MBER 49	29d. DATE SI	GNED (Mogth, Day, Year)		
	30 NAME AND ADDRESS OF MEDSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27)	(Time Drint)		1 ()				

IN THE PARTY OF TH

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

JORGE

FEB 05 1990

	FOR	STATE OF MAR	RVI AND /	DEDAD	TMENT (E HEAITH AM	n Me	MTAI MVCIEN	E	90	02	68	6
	1 - STATE REGISTRAR	OINIE OI WA				OF DEATH	ID INICI	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)							DATE OF DEATH			3. TIME OF	DEATH	
	DOROTHY BU	RKE	DEGHE	OTTE			0	2 02	47	90 YEAR	7.30	PM	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. last			RS. 7.	DATE OF BIRTH		a. BIRTI	IPLACE (Stot	e or Foreign	3	
	214-18-1419	1 - M 2 X F	67	YRS. MONTHS DAYS HOURS		AYS HOURS MI	N	(Month, Dey, Year) 10-17-1922		Maryland			
	9e. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN OR LOCATION OF DE			F DEATH	EATH 9c. COUNTY OF			EATH		
DIRECTOR	NORTH ARUNDEL HOS	SPITAL			GLEN	BURNIE	_		Α.	A. C(YTMUC		
Ä	10e. STATE 10b. COUNTY			10e. CITY, TOWN OR LOCATION							10d. INSID	E CITY	
	Maryland Anne Arundel Co.			Severna Park							1 YES		
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE			WHAT COUN	TRY?				
EH	423 Ben Oaks Dr				21146		U.S.A.						
5	11. MARITAL STATUS	11 MARITAL STATUS 12 WAS DECEDENT EVER IN U.S.			13. WAS	DECENDENT OF HIS	SPANIC C	RIGIN? (Specify Yes	or No-	14. RACI	E — America k, White, etc.	n Indien,	
ВУ	1 Never Merried 2 Merried FORCES? 1 YES 27 IF YES, GIVE WAR OR DATES			0		rs, specify Cuben, Me YES 2 X NO S		verto Rican, etc.)		Speci	ity:	791	
	15. DECEDENT'S EDUC (Specify only highest grade	ATION			USUAL OCCU			16b. KIND OF BUS	SINESS/IN				
H	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	work done dun se retired.)	ng most of working							
PL	11 Years		Ho	usev	wife			Home					
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S	S NAME (First, Middle, Meiden	Surname)				-
ш	John		Burke			Laur	a			Len	tz		
00	19e. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS (S	treet and Number or R		Number, City or Tow	n, State, Zi	p Code)	2114	6	
5	Suzann D. Fairm	an	4:	23 I	Ben O	aks Dr.	-Eas	st Seve	rna	Par	k, Ma	rvla	ine
	20s_METNDD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State												
	XX Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Moreland Memorial Park Balto.Co., Maryland												
	MOTETATION SECTION (SECTION AND ADDRESS OF FACILITY WILLIAM E. Johnson P.A., Funeral Home												
	5	T//											
	22 PAST I Severable discourse on a					1 Loch					-		ŀ
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, abock, or heart feliure. List only one ceuse on each line. Approximate interval Between												
	IMMEDIATE CAUSE (Finel disease or condition									ath			
	resulting in death)	DUE NO TON	AS A CONSEQ	UENGEYO	9 0	00	Al	V. 7000 400	400	000	1	4	
7		fastin	nito	ste	usl	(Don &	y	4					
0	Sequenticity list conditions, if any, leading to immediate	DOE TO (OF	AS A TONSEO	UENGE D	Ð:	sickly		10					
SAT	cause. Enter UNDERLYING	Melost	the.	Ki	ren	mooky	en	ent			. !		
ERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEC	UENCE O	f): //	101	0 0	0/	2 /	10	20	77251	
H	resulting in death) LAST	anen	nd.	all	onde	muto #	eskr	orntest	turd	/ (k	bach	na	
C						A				-	1	()	
AL	PART II. Other algnificant condition	a contributing to dea	ith but not re	suiting	in the unde	riyidg etuse give	n in Par	T. 24s. WAS AN PERPOR		246	AVAILABLE		IG\$
DIC								1 TYES 3	E NO		DF DEATH?	ON DF CAUS	Æ
ME											1 TYES	2 🗆 NO	
ż													
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE OF DEATH	N (Check o	only one)					
SIC	1 TES 3 THO	HOSPITAL:	Outpatient 3	□ DOA	OTHER:	Nome 5 - Reelde	nce 6	Other (Specify)					
PHYSICIAN: MEDICAL	27, MANNER OF DEATH	28e. DATE OF INJU	URY	28b. TIN	E DF 26	c. INJURY AT WORK?	28	d. DESCRIBE HOW I	NJURY O	CCURED			
BY F	1 Natural 5 Pending Investigation	(month, bay, n	oury	1144	M	YES 2 NO							
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At hor	ne, farm,	street, factory	, office	28	f. LOCATION (Street		or or Rural	Route Numbe	or,	
TED	4 Homicide determined	building, atc.	(Opecity)					City or Town, State)					
LE	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge de-	th one	and at the time	data and place and	d character of	he enumerica and	nnar on ch	ntad .		_	
COMPLET	(Check only one) 2 MEDICAL EXAMINE										a) and mace	or se state	d.
00				yatn							1		
BE	656. SIGNATUNE AND TITLE OF GERTIFIER	6/0	11	1/1.	1/1	29c. LICENSE	NUMBER	12/	29d. DA	TE SIGNED	702	Merci	
0	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFF	E DE ATU	NU		[//]	11 3	6256	P	1/5	176)	

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AZ. RIPOTSTHAR'S SIGNATURE

M.D

RAMIREZ.

OAKWOOD ROAD,

#205

GLEN BURNIE,

MARYLAND

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND N	IENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (in vis. last birthday) F		1 26 9	S. TIME OF, OEATH PM					
	010 10 11100	□ M 2 X F 88 YRS. MOI	UNDER 1 YEAR FUNDER 24 HRS. NTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DE.	(Month, Day, Year) 8-7-1901	BIRTHPLACE (State or Foreign Country)					
TOR	Francis Scott Key Baltimore RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO Ba	own or Location. Itimore		10d. INSIDE CITY LIMITS?, 1 XES 2 NO					
FUNERAL	100. STREET AND NUMBER 727 Druid		101, ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 12 1	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexicer 1 YES 2 NO Specify.	, Puerto Rican, etc.)	RACE — American Indian, Black, White, atc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C		done during most of working	16b. KIND OF BUSINESS/INDUS	TRY					
	17. FATHER'S NAME (First, Middle, Last)	al and a second	18. MOTHER'S NAM	NE (First, Middle, Maiden Surname)						
TO BE	190. INFORMANT'S NAME (Type/Print)	45	ORESS (Street and Number or Rural R	oute Number, City or Town, State, Zip Co	de)					
F	200, METHOD OF DISPOSITION	orne 2443	SCAHI) A ON (Name of cemetery, crematory or	ve Baltond	2/225					
	20e, METHOD OF DISPOSITION 1 Di Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Kino	Memorial	Part Randall	stum, Md					
	21. SIGNATURE OF FUNERAL SERVICE LICENS	land		West sh Avenue						
	23. PART Lengt the disease, or combody or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that caused the deeth. Do not only one cause on sech line. Myo Cardia 1 OUE TO (OR AS A CONSEQUENCE OF):		aa cardiac or reapiratory arrest	t, Approximate Interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Digital: + 8 × City Chronic final insufficiency 24b. WERE AUTOPSY FIND AMALIABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 yes 2 9 NO									
ICIAN			26. PLACE OF DEATH (Che							
	27. MANNER OF DEATH 1 Netural 5 Pending	Inpetient 2 ER/Outpetient 3 DOA 4	F 28c, INJURY AT WORK? M 1 YES 2 NO	B Other (Specify) 28d, DE\$CRIBE HOW INJURY OCCUP	RED					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, streed building, etc. (Specify)	et, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
BE-COMPLETED	one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, death occurred a in the beste of examination end/or investigation, in								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	a eller	D378	BER 29d. DATE S ▶	IGNEO (Mogan, Day, Year) 26/90					
	TARE WILL	OMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pri	SK-49402	romen the.						
	FEB 0.5 1990	32. REGISTRAR'S SIGNATURE Lie Savidson-Randelle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by an TO THE FLINEFAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE (OF MARYL	AND / DEPARTA CERTIFIC			MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE	OF DEATH			TIME OF DEATH
	McCLENON	G.	G	REEN		Feb	· 3,	1990	YEAR	9:00 P M
	4. SOCIAL SECURITY NUMBER 5. SEX		in yrs. lest birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTHPL	ACE (State or Foreign
	212-10-5495	JF 77	YRS. MO	NTHS DAYS	HOURS MIN.	7-2	2-19	12 M	Country)	land (
	9e. FACILITY NAME (If not institution, give street and number		, 91	b. CITY, TOWN (R LOCATION OF DE			9c. COUNT		
FUNERAL DIRECTOR	St. Joseph Hospital	1.7		Tows	on :			Ba1t	imo	re Co.
E	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10	Dd. INSIGE CITY LIMITS?
5	Maryland Baltimore	Co.	Tow	son					1	☐ YES 2XXNO
AL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?
EB	1854 Yakona Road				21234			U.S.	Α.	
5		EOENT EVER II	U.S. ARMED		ENDENT OF HISPAN			or No-	4. RACE -	- American Indien, Vhite, atc.
BY F	1 Never Merried X Married FORCES IF YES, C	IVE WAR OR D	ATES		ecify Cuban, Mexical 2 XXXIO Specify		nean, atc.)		Specify:	VIIII 4101
									Whi	te
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		(Give kind of work life. Do NOT use n	done during mo	ON st of working	16b.	KINO OF BUS	BINESS/INOUS	STRY	
	Elementary/Secondary (0-12) College (1-4	or 5 +)					-			
COMP	8 Years		Deliver	yman			Dairy			
	17. FATHER'S NAME (First, Middle, Last)		~		18. MOTHER'S NA		Aiddle, Maiden	Surneme)		
BE	John B. 19a. INFORMANT'S NAME (Type/Print)		Green		Louis		one City on Town	a State Zin C	tarda)	
2	Contract of the Contract of th									nd 21234
	Lillian E. Green	201	PLACE OF DISPOSITI					CATION — CH		
	1X Burlet 2 Cremation 3 Removal from Sta 4 Donation 6 Other (Specify)	to	other place) edar Hil							el Co.,MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	19	CAGI HII			CILITY				eral Home
	· // 9	//								MD21204
-	20 PART I Star the discount or complication	2.0	dans dans Dans							
	23. PART I. Entar tha dieasees, or complication ahock, or heert failure. List only on			anter the mo	da or dying, suc	n as carc	nac or respi	retory arres	вŧ,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition			0	0					Onset and Death
	reaulting in death)) Sec	CONSEQUENCE OF):	مطلب	بر الأمم	ہارہار	رو			
_		DE 10 (OR AS	CONSEQUENCE OF):	· = 0	d					į l
<u>0</u>	Sequentially list conditions,	UE TO (OR AS A	CONSEQUENCE OF):	<u> </u>						
Ä	cause. Enter UNDERLYING	who	ble So	nean						
Ĕ	trial tilitiated crotte	UE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in deeth) LAST									
	PART II. Other significent conditions contributi	ng to death b	out not resulting in	the underlyin	a ceuse aiven in	Part I.	24a. WAS AN	AUTOPSY	24b. W	PERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERFOR		A	MAILABLE PRIOR TO COMPLETION OF CAUSE
	-					_	1 YES 2	! ∐ NO		F DEATH?
Σ						-			'	☐ YES 2 ☐ NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only or	10)			
i i	EXAMINER? HOSPITA			THER:						
H K		TE OF INJURY	28b. TIME C		tury AT		CRIBE HOW I	NJURY OCCU	RED	
<u>a</u>	Natural 5 Pending	onth, Day, Year)	INJUR		YES 2 NO					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	ACE OF INJURY	/ — At home, ferm, stre	et, factory, offic	a	28f, LOC	ATION (Street	and Number o	r Rural Roc	ite Number,
COMPLETED	4 Homicide determined	Ilding, etc. (Spe	cffy)			City	or Town, State)			
Ę	29e. CERTIFIER Check poly	pest of my know	riedge, death occurred	at the time, date	and place, and due	to the car	use(s) and me	nner en atates	1.	-
ME	(Check only one) 2 MEDICAL EXAMINER: On the bea									and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (A	Aopth, Day, Year)
BE	Bayon 16 Ford	511	~ 0	•	02020	_		>	1/4	190
2		D CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)					~; ·	-
	BK. YonkoF	4.	M.D.	120	5.57	-3	8.6	000	D ~	- 21504
	FFB (5 1990) Sure Da	MOSON-N	andell							

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3	B	50	00
BALTIMORE, MARY	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shound to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified #
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	24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	\$
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	₩ re	pee Di	3 8
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31. FEB 05 1990

32. REGISTRAR'S SIGNATURE Grafia Davidson-Randell

	FOR STATE REGISTRAR		STATE OF I	MARYLAND A		TMENT				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First,	Middle, Last)			100					2. DATE O	F OEATH			3. TIME OF DEATH
	Jesse	(Jessi	e) n.		Geer	•				MONTH	29"	19	990	M M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH	8. BIRTI		IPLACE (State or Foreign
	241-38-8044	4	1/2 M 2 D F	65	YRS.	MONTHS DAYS HOURS MIN.		(Month, Dey, Year) 7-18-1924		4	Count	"N.C.		
	9a. FACILITY NAME (If not in:					9b. CITY,	TOWN	OR LOCATI	ON OF DE				NTY OF D	
FUNERAL DIRECTOR	2713 WOOD		Avenue			Ва	alti	more						
<u>iii</u>	10a, STATE	10b. COUNTY	r		10c. CI1	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
ā	Md						ore							1 X YES 2 NO
¥	10e. STREET AND NUMBER						10:	. ZIP COD						WHAT COUNTRY?
ΨĮ	2713 Wood]	and Av					\perp		2121	-		_	US	
E	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A						NC ORIGIN?		or No-	14. RACI Blac	E — American Indian, k, White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES		1	YES	2 💢 NO	Specify	y:			Spec	
	15 DEC	EDENT'S EDU	CATION	16a D	ECENENTS	USUAL OC	Y IDATI	ON.		165.1	IND OF BUS	IMEGG/IMI	DIETRY	Black
	(Specify only	y highest grade	completed)			work done d			ng	1500	20 20			
COMPLETED	Elementary/Secondary (0	l-12)	College (1-4 or 5	+)						8	alto	Gas	Elec	tric
8	17. FATHER'S NAME (First, Mi	iddle, Last)								ME (First, Mi		Sumame)		
	Skid Geen	r						Hat	tie	Whitl	еу			
BE	19a. INFORMANT'S NAME (7)	ypa/Print)		19	Db. MAILING	ADDRESS	(Street	and Numbe	r or Rural i	Route Numbe	City or Tow	n, State, Zij	Code)	
2	Janie Geer				2713	Wood'	land	l Ave	nue	8	alto,	Md	2121	.5
	20a. METHOD OF DISPOSITE	ION	cuel from State	20b. PLACE	OF DISPO	SITION (Na	me of ce	metery, crer	natory or			CATION -		
	4 Donation 5 Other		Ovail From State	_ Wo	odlaw	n Cer	nete	ery			Ba	altim	ore,	Md
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	CENSEE	1				ND ADDRE						
- 1	- (Sa	la	THUR	ch			Mar 430	ch F	/H Waba	West sh Ave	nue			
	23. PART I. Enter the di											ratory ar	rest,	Approximate
	shock, or he IMMEDIATE CAUSE (Fin		List only one car	use on each lin	e.		S 11717		17					Interval Between Onset and Deeth
	disease or condition resulting in death)	→	. how	to Um	NE	and	n	Lo	Na	tin				bas
	resulting in deatily	•	DUE TO	(OR AS A CONS	DUENCE 6	JENCE DE):					1 3)	: 17	7	The state of the s
z	C		· ASCV	0 1	Mer	win	8 8	me	1001	2/	2	111	ind	/ il va
E	Sequantially list conditi if any, leading to imme	diate	DUE TO	(OR AS A CONS	GUENCE C	9)	1.			10 (N. C.		in
2	cause, Enter UNDERLYI CAUSE (Disease or Inju		a CM	ALP	WS	2	22	m	X	1 Di	Am	2		724
늗	that initiated events resulting in death) LAS	T .	DUE TO	(OR AL A CONST	IQUENCE C	F)	1	,	-	Jes 1				
CERTIFICATION	resulting in death, EAO		d	0					(<i>)</i>				/
	PART II. Other significa	nt condition	s contributing to	death but not	resulting	in the un	derlyin	g cause	given in	Part i.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS
S	Ah	d to la	a.c.M	120 F	2	NN	0		. /	_	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
		C 0 11	HIV HI	11000	10	11,	00	دلارر	m	P.K.	1 1 163 2	2710	-1	OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL								U		4-01				
¥	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF C	DEATH (Ch	eck only line,)			
Sic	EXAMINERS		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 Nurs		ne 5 □ R	asidence	6 🗆 Other	(Specify)			
ž	27. MANHEN OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. Til	ME OF JURY	28c. IN.	JURY AT		28d. OE\$0	RIBE HOW	NJURY OC	CURED	
ВУ		Pending Investigation	47.22	, , , , , , , , , , , , , , , , , , , ,		М		YES 2 [] NO					
	3 Suicide 6	Could not be		OF INJURY — At h	ome, farm,	street, fact	ory, offic	ce			TION (Street Town, State)		or Rural	Route Number,
	4 Homicide	determined												
COMPLETED	CHOCK OTHY	TIFYING PHYS	ICIAN: To the best o	f my knowledge, d	leath occur	red at the ti	lme, date	and place	, and due	to the caus	e(s) and ma	nner as sta	nted.	7
ŏ.	anal	ICAL EXAMINE	ER: On the basis of	examination and/or	r investigati	on, in my o	pinion,	death occu	red at the	time, date a	nd place, ar	nd due to t	he cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE	of comme	γ.			-		29c, LIC	ENSE NU	MBER		28d. DAT	re signes	(Month, Day, Year)
BE		1/1/1	MAN	Val	m			/	1	X 9/		-	1/9	lon
2	36. NAME AND ADDRESS OF	PENSON WH	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Ap	Print)		5	/	1/6		,	13	1190
		F								P			1	

\$ 21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be natifial

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Strong D

FEB 05, 1990

1 - FOR STATE REGISTRAR	STATE OF MA				HEALTH AND !	MENTAL HYGII		
1. DECEDENT'S NAME (First, Middle, Lest)			, ,			2. DATE OF DEATH	DAY	3. TIME OF DEATH
PHYLLI	S		GROS	S		JANUARY		90 6:35A M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0	BIRTHPLACE (State or Foreign
218-58-3614	1 M 2 F	39	YAS.	ONTHS DAYS	OR LOCATION OF DE	9-14-50	Balto. Md.	
			- 1	•		AIH	9c. COUNT	Y OF CEATH
THE JOHNS HOPKI	NS HOSPIT	AL		BALTIN	ORE CITY		BALT	IMORE
10a. STATE 10b. COUNTY	Md.							10d. INSIDE CITY LIMITS? T YES 2 NO
100. STREET AND NUMBER 3723 Reistert	town Rd.			1	of. ZIP CODE 2121	5	10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 T	MED	If yes, a	CENDENT OF HISPAN pecify Cuben, Maxica S 2 NO Specify	n, Puarto Rican, alc.)		6. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		B ^(G)	ive kind of wo Do NOT use	sual occupation of the done during in retired.)	ION	16b. KIND OF	BUSINESS/INDUS	ВТЯУ
17. FATHER'S NAME (First, Middle, Last)		1 04	- y	MUI.KPI	18. MOTHER'S NA	ME (First, Middle, Mail		
Richard Gross					Elean	ora Baker	^	
190. INFORMANT'S NAME (Typo/Print) Eleandra Gross		19	b. MAILING A		and Number or Rural		Town, State, Zip C	ode)
29a, METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI		ertown Rd	Balto	LOCATION — CI	1216 ty or Town, State
20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		BA	17/10	ORE	CEME	TERY A	BAlto.	Md
21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Nown			120 MM	AND ADDRESS OF FA	larth	AVE	NATY F. H
23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Finel	List only one cause	on each line		t enter the ir	ode of dying, suc	h as cardiac or re	spiratory arre	Approximate interval Between Onset and Deeth
disease or condition resulting in death)	Bacte	AS A CONSE	Seps.	is				6 hours
	HE	INF	ection					Frenc
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OI	R AS A CONSE	DUENCE OF)					
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	AS A CONSE	OUENCE OF)					
DADT II Oshan a'		-at- b		** * *				
PART II. Other significant condition Presmo(sstis			reaulting in	the underlyi	ng cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_	•	1 _ YE\$ 2 _ NO
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	R/Outpatient 1		OTHER:	me 5 🗆 Residence	6 Other (Specific)		
27. MANNER OF DEATH 1 Postural 5 Pending	28s. DATE OF IN (Month, Day,	JURY	26b. TIME	OF 28c, II	NJURY AT YORK?	28d. DESCRIBE HO	W INJURY OCCU	PREO
2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF I building, atd	NJURY — At ho (Specify)	I eme, farm, st			281. LOCATION (Str City or Town, S		r Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE								i. cause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Month, Day, Year)
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1. DECEDENT'S NAME (First, Middle, Last)					-	DEAT		2. DAT	REG. N	0.		3. TIME OF DEATH
Hall, Mary Har	nna (MARY HA	NNA	HALL)			MON	TH 2	DAY 3	40	1655
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		IF UNDER	1 YEAR DAYS	IF UNDER 2	HRS.		E OF BIRTH oth, Day, Year)		8. BIRT	HPLACE (State or Foreign try)
215-32-3401 9e. FACILITY NAME (If not institution, give	1 M 2 F	95	YRS.	ab CITY	TOMBI (R LOCATIO	N OF DE	OCT.18,1894 MD.				
Union Memorial		7								9c. CO	JNTY OF I	DEATH
RESIDENCE OF DECEDENT				Baltimore City								
MD.	1			LTIMO								10d. INSIDE CITY LIMITS? XXX YES 2 \(\text{NO} \)
100. STREET AND NUMBER 5301 C. LEITH F	OAD		1 Des	TI TIN		. ZIP CODE		2123	9		U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO	1 1	f yes, sp		, Mexica	n, Puerti	iN? (Specify of Rican, etc.)	/es or No—	14. RAC Blee Spec	E — American Indian, ik, White, etc.
15. DECEDENT'S EDI (Specify only highest grad		(0	he kind of	USUAL OC		ON at of working		10	b. KIND OF E	USINESS/IN	DUSTRY	***************************************
Elementary/Secondery (0-12)	College (1-4 or 5	+) life	n. Do NOT u	se retired.)	N	URSE			MED	•		
17. FATHER'S NAME (First, Middle, Last)									Middle, Mald			
JOHN E 19e. INFORMANT'S NAME (Type/Print)	BARNES HAT		b MAII IN	ADDRESS	(Ptroot o				TANDI		"- O- d-1	
JOHN T. HULL									IMORE		212	01
20e. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE other p				netery, creme		Y CE		LOCATION - HURCH		
21. SIGNATURE OF FUNERAL SERVICE L	0511055						_					
M rolling 14	les.	ins	Do.	H. 49	W.J 05	YORK	S AI ROAI	ND S				MD. 21212
23. PART I. Enter the disease or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications the charge only one can	monia		H. 49 not enter	W.J 05	ENKIN YORK	S AI ROAI	ND S				Approximata Interval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows find within 70 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT, If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			MENT OF H			MENTA	L HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	ANDREW J.HUN	יסישרווי	TWAY TO I	TD			2. DATE MONTH	OF DEATH		3. TIME OF DEATH
	′ 218 жнт 5813 210 -28- 5819		in yrs. lest	birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont)	OF BIRTH 1, Day, Year) . 19,19	8.	B:30 A BIRTHPLACE (State or Foreign Country) MD.
TOR	9a. FACILITY NAME (If not institution, give s 314 PRESWAY RO				96. CITY, TOWN OR LOCATION OF DEATH TIMONIUM				9c. COUNTY OF DEATH BALTIMORE		
DIRECTOR	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD.	BALTIMORE		10c. CITY, TOWN OR LOCATION TIMONIUM							10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 314 PRESWAY RO	·		101	. ZIP CODI		1093		10g. CITIZE	U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	U.S. ARM 2 NO ATES	V II	If yes, sp		n, Maxica	n, Puarto I	i? (Specify Yes Rican, atc.)	or No— 14	RACE — American Indian, Black, Whita, etc. Specify: WHITE	
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Giv	EDENT'S US kind of with Do NOT use		st of workli	ng	166	KIND OF BUS		STRY
COMP	12 17. FATHER'S NAME (First, Middle, Last) ANDREW J. HU	NDERTMARK SR			BANKE		HER'S NA	ME (First.)	BAN	KING Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) JUDITH B. HUNDER	TMARK			ADDRESS (Street a						ode)
	20s. METHOD OF DISPOSITION 1			F DISPOS	TION (Name of cer	netery, cren	natory or	MONIUM MD. 21293 20c. LOCATION — City of Tow BALTIMORE MI			ty or Town, Stata E MD. 21210
									5 YORK ROAD IO.MD.21212		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Approximate Interval Betwee Onset and De Unknown										
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A C. OUE TO (OR AS A									
MEDICAL	PART II. Other significant condition Alco	ne contributing to deeth be	ut not re	eaulting l	n the underlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:			eck only o			
	1 💢 YES 2 🗌 NO 27. MANNER OF OEATH 1 🙀 Netural 5 🗌 Pending	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	patient 3	28b. TIME	JRY WO				or (Specify) SCRIBE HOW I	NJURY OCCU	REO
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	— At hon	ne, farm, a	treet, factory, offic	•		281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	Torroom oray	ICIAN: To the best of my know									1. cause(s) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE 1 00. NAME AND ADDRESS DISPERSION WITH			29c. LICENSE NUMBER 2xaminer D01085				FeXbruary 5,1990			
	STANDLEY Z. FE			CAST	CHASE S	r. B	ALTTI	MORE	MD 2	1202	

CHARLES

FEB 05 1990

BENNER MD

32. REGISTRAR'S SIGNATURE

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W: The	ficate !	State	Item.
NSICI/	is cert	ith the	ed, or
ING P	After th	leath w	mark
TTEND	CTOR:	after (28 ls
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page Interpretation to the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimensions and managed for use as the burial-transit permit. Pages 1, 2,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SPITA	INERAL	thin 72	INT: H
THE H	THER	filed wi	PORTA
2	2	9	3

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Lart) 3. TIME OF DEATH 2. DATE OF DEATH 31 9 () XEAR Leon Benjamin Habecker 6105 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7/25/1900 HOURS MONTHS DAYS MIN. 89 1 M 2 F YRS. New York 220-44-2667 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH PRICE GEORGES DIRECTOR Haven Nursing Home Adelphi 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Silver Spring MD Montgomery 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20903 USA 10513 Greenacres Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES white BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
[Give kind of work done during most of working
life. Do NOT use retired.] 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compa Elementary/Secondary (0-12) College (1-4 or 5+) federal govt. employee high school 17. FATHER'S NAME (First, Middle, Last) KATE Katheryn M. Schenck Franklin David Habecker 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Box 278/Ridgefield/WA 98642 Thomas B. Habecker 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION
1 ☐ Burlal ZCACremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Greenmount Crematory Baltimore, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, INC. 2134 Willow Spring Rd/Balto MD 2122: 23. PART I. Enter the disesses, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory arrest, Approximate shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition SEPTICEMIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): MULTIPLE DECUBITI CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING GI BLEEDING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 [] YES 2 [] NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER:

| Nursing Home | 5 | Residence | 8 | Other (Specify) 1 | YES 2 | NO itient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and memor as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 D31563 2 ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1116/NEW HAMPSHIRE AVE SILVERSPRING

DHMH-16 Rev 1/89

BALTIMOSE MARYLAND 21203-3146	cours after death. The first be retained by the hospital or attending physic	r filled in by the lumination of the burial ion or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the common after death. The new retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration of temporal. The find within 72 hours after death with the State Dent of Health and Mental House polor in fundal completely filled in by the fundamental forms.	IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M			TMENT OF H				YGIEN	E	30	nzpar
	1. DECEDENT'S NAME (First, Middle, Last)	l Ha	RRIS	Lill	ian L. H	arri	S	2. DATE OF MONTH	DEATN DA	A	YEAR 3	TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	3	B. BIRTHPL	ACE (State or Foreign
	220-09-8573	1 🗆 M 2 🔰 🗐	67	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Di	3 a	2	Country)	Balto., Md.
OR	BON SECOURS HOSPHA) BON SECOURS HOSPHA) BON SECOURS HOSPHA) BALTIMORE **											TN
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCAT	TION					1 10	Dd. INSIDE CITY
DIRECTOR	md	-		6	mitles							VES 2 NO
FUNERAL	100. STREET AND NUMBER	W- Co			101	. ZIP COD	22	2			TIZEN OF WHA	AT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S.	ARMED	13. WAS DEC	ENDENT	DE HISPAI	VIC ORIGIN? (S	macthy Vac		IN PACE	- American Indian,
	1 Never Married 2 Married		YES 2		If yes, sp	ecity Cub	en, Mexica	in, Puerto Rice	n, etc.)	OI 140-	Black, V	While, atc.
ВУ	3 Nidowed 4 Divorced					- CAR	Opeon	,.			Spoury.	stidu
TED	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)			USUAL OCCUPATION		ing	16b, Kil	ND OF BUS	INESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	•)		mstress				Clo	thin	I.O.	
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Midd				
BE		Valenti	1				El	la Al	bin			
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street of						(Ip Code)	
	Frances McAle	er. Doug		193	7 Invert			Balto.			1222	
	1 XBuriel 2 Cremation 3 Rem	noval from State	other O	ak La	wn Cemet	erv	matory or				- City or Town	., State
	21. SIGNATURE OF PUNERAL SERVICE LI	CEMBEE	- 1		22. NAME AI	ND ADORE	SS OF FA	СІЦТУ				70, 1.00
	(flow 1 Be	myles	when					Funer				d. 21221
	23. PART I. Enter the diseases, or	complications the	t caused the	death. Do								Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cat	Cad	1.	/	,	,	Cons				Interval Batween Onset and Death
	disease or condition resulting in death)	8	1 34/2	n	31	od	<u> </u>					
		OUE TO	(OR AS A COME	linon	n e	sme	7					
O	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	SEQUENCE O	F);	Λ	, 1	rata		C	D	
SAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Re	val	fai	line	R	ash) YALO	J ~	fan	lus	
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EOUENCE O	F):		0					
CERTIFICATION	resolving in deadily CAST	d										
-	PART II. Other significant condition	ns contributing to	death but no	t resulting	in the underlyin	g cause	given in	Part I. 24	a. WAS AN			ERE AUTOPSY FINDINGS
MEDICA	Bleeding	and	Pr	Afor.	uten o	shio	Me	ml,	PERFOR	_ /	0	MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
ME	Mes.	2x My	tt.	alla	lova	Vo	golo	7				YES 2 NO
	Dy working	1/2	11/50	2 .		0						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY?	HOBPITAL:			OTHER:			eck only one)				
14S	1 YES 21 NO 27. MANNES OF DEATH	28s. DATE OF	EFFOutpatient INJURY	3 DOA	4 D Hursing Hon	SE SE R	esidence	6 Deber (S		NATION OF	ccuses	
	1 Natural 5 ☐ Pending	(Month, E			JURY WC	YES 2	□ NO		THE X PROPERTY OF		CCO/MD.	
ED BY	3 Suicide & Could not be	28e. PLACE C	F INJURY AT	horse, farm,	street, factory, offic	in .			Off (Street a (Mrs. Stute)	and Munti	er or Runal Rou	de Mumber
	4 Homicide shitermined		ALMAY YOUR					- Guy III .				
P	29e. CERTIFIER (Check only one)											
COMPLET	2 MEDICAL EXAMINI		xamination end/	or investigati	on, in my opinion, o	death occu	red at the	1me, date an	d place, en	d due to	The cause(s) s	and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Dr. K	10AN	PA	RIKH	29c. LIC	2 6	830		29d, DA	2 /3	forth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETED CAU	SE OF DEATH (I	TEM 27) (Type	Print)	2 BU	ノフロ	25,	1	4	212	27.
1 1	and the state of the state of the state of											

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detache		once.
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ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							90 02695				
	REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	rwood Jo	harr	21)	2. DATE OF DEATH	1 - 196	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In	birthday) IF UNDER	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.1	BIRTHPLACE (State or Foreign Country)				
	211-04-6137	W M 2 □ F	YRS.		3-17-19	16	Uar.				
H	9a. FACILITY NAME (If not institution, give street	and number)	96. CIT	TOWN OR LOCATION OF DE	L colp /	9c. COUNTY	OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	1 Comment	10c, CIPY, TOWN	OR LOCATION	TO POCCO		AND INDIPERCENT				
DIRE	That. A.	2 Cx	Glen	Bussi	P)		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER	. 0		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	547 ancherry	Toad		21061	1	W.	. S.a.				
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	WAS DECENDENT OF HISPAI If yee, specify Cuban, Mexica 1 YES 2 NO Specifi	n, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (Gi	CEDENT'S USUAL Of the kind of work done De NOT use retired.)	during most of working	166. KIND OF BUS	SINESS/INDUST	TRY				
MPL	3hd	(174.34)	Lante	auce	Trebe	ic	Harke				
	17. FATHER'S NAME (First, Middle, Last)	7	No. of the second	18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)					
BE	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILINO ADDRES	S (Street and Number or Ryral,	Poute Number City or Tow	n, State, Zip Coo	(AS)				
2	Thatthe la	hom s	-47 a	mberly Ko	4 Slen	Burr	e 911. 21061				
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Deter (Specify) 20b. PLACE OF DISPOSITION (Name of centery) from state other place) 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE Sten Se.	22	NAME AND ADDRESS OF	Sile !	anera	CHOME Belle NAZIO				
	23. PART I. Enter the diseases, or con	pplications that coused the det only one couse on each line		r the mode of dying, aud	ch aa cerdiec or reap	iratory arrest	Approximate				
	IMMEDIATE CAUSE (Final disease or condition	0 -	F				Onset and Daath				
	resulting in death) a. Cesparation College Due to for as a consequence of:										
z	em phojsena										
ATIO	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CER	d	resulting in death) LAST									
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FIN										
PHYSICIAN: MEDICAL					1 TYES 2	246	OF DEATH?				
. M							1 TES 2 NO				
CIAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	1 07115	26. PLACE OF DEATH (C	heck only one)						
YSI	1 🗆 YES 2 🗇 MÖ 💮 1	☐ Inpetient 2 ☐ Propertient 3		rsing Home 5 Residence							
ВУ РН	27. MANNER-OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	RED				
E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	Rural Route Number,								
COMPLET	Control only	N: To the best of my knowledge, de					euse(a) and manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU	MBER	29d. DATE S	IGNED (Month, Bry, Year)				
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) (Type Print)	D 23 8	801	▶ 1,	3 190				

CAUSE OF DEATH (ITEM 27) (Typo, Print)

NO 7810 Rich

32. BEGISTEAR'S SCHATUBE

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Elen Burhie

once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 m TO THE FUNERAL DIRECTOR: After this certificate has been slipned by the attending physician and completely filled in by the funeral direction in the high within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

Neal Friedlander
31. DATE FILED (Month, Dey, Year)
FEB 05 1990

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MAI			MENT OF H			YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle ANNE A KRA						2. DATE OF D	EATH DAY	90	3. TIME OF DEATH 5/16 M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	RTH	8. BIRTI	IPLACE (State or Foreign	
9	220-05-2905	20-05-2905 1□M2 1 83			YRS. MONTHE DAYS HOURS MIN.			(Month, Day, Year) 11/29/06		Maryland	
OR	98. FACILITY NAME (If not institution, give street and number) Home 96. CITY, TOWN OR LOCATION OF DEATH TRIED R NSC, Home TSAHMOR										
ច្ច	RESIDENCE OF DECEDE	COUNTY		10e CITY	TOWN OR LOCAT	ION .				10d, INSIDE CITY	
DIRE	Maryland				Baltimo	re				LIMITS?	
FUNERAL DIRECTOR		2207 W. Pratt Street				101. ZIP CODÉ 21223				A.	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				If yes, sp		n, Puerto Rican, etc.) Bi			E — American Indien, k, White, etc. White	
COMPLETED	15, DECEDENT (Specify only higher Elementary/Secondary (0-12) Unknown	T'S EDUCATION let grade completed) Coflege (1-4 or 5+)	(GA	DO NOT use	SUAL OCCUPATION for done during more during d	N st of working		n Secour		SD.	
	17. FATHER'S NAME (First, Middle, Last) Henry L. Lewis						AME (First, Middle, Maiden Surname)				
4	19s. INFORMANT'S NAME (Type/Pri		198	MAILING A	DDRESS (Street a	DETTA DETTA			in Code)		
9	Marjorie Landaeta			2207 W. Pratt Street B							
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 4 Donation 5 Other (Speci		other pla	(no		netery, crematory or	2022				
	21. SIGNATURE OF FUNERAL SER		Daiti	more	Nationa	T Cemere	ry	baltimo	re,	Maryland	
	Raymon	d Peter	ien	2	Hubba	rd Funer Wilkens	al Hom	e, Inc.			
	23. PART I. Enter the disease inock, or heart f IMMEDIATE CAUSE (Final disease or condition	fellure. List only one cause	on each line.		t enter the mo	de of dying, suc	h as cardiac	or respiratory a	rrest,	Approximate interval Between Onset and Death	
	resulting in death)	a. Prog	1.	UENCE OF):	erexia_	1 weigh	UT 1(8>>>			3 months	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
RTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
¥	PART II. Other algnificant conditions contributing to death but not resulting				In the underlying cause given in Part I.			24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		b. WERE AUTOPSY FINDINGS	
EDIC					the underlyin	g cause given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: MEDIC					the underlyin	y cause given in		PERFORMED?		COMPLETION OF CAUSE	
CIAN: MEDICA	25. WAS CASE REFERRED TO MED	DICAL			26. P	ACE OF DEATH (Ch	1	PERFORMED?	Y 24b. WERE AUTOPS ANALABLE PRI COMPLETION OF DEATH?	COMPLETION OF CAUSE OF DEATH?	
YSICIAN: MEDICA	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 E		□ DOA	26. PI OTHER:	ACE OF DEATH (Ch	1 (PERFORMED?		COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendi	HOSPITAL: 1 Inpatient 2 E 289. [Morth, Day,	JURY	DOA 28b. TIME INJU	26. PI OTHER: IN Nursing Hon OF 28c, IN.	ACE OF DEATH (Ch	eck only one)	PERFORMED?	CCURED	COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendi	DICAL HOSPITAL: 1 Inpatient 2 E	JURY Year)	28b. TIME	26. Pl OTHER: Nursing Hon OF 28c. IN. WC M 1	ACE OF DEATH (Ch	eck only one) 6 Other (Sp 28d. DE\$CRH	PERFORMED? YES 2 NO Octiv)		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendil 2 Accident Invest 3 Suicide 6 Could 4 Homicide determ 29e. CERTIFIER (Check only)	DICAL HOSPITAL: 1 Inpatient 2 E	JURY Year) NJURY — At ho 2. (Specify) y knowledge, de	28b. TiME INJUI	26. PI OTHER: Nursing Hon OF 28c. IN. W M 1 □ reet, factory, office	ACE OF DEATH (Ch	eck only one) 6 Other (Sp 28d. DESCRIII 28f. LOCATIO City or To	PERFORMED? YES 2 NO ecily) BE HOW INJURY O	er or Rural	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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AND 21203-3146	ne commending physician.	method is un as the burial-fransit permit, Pages 1, 2, 3 should	los /
BALTIMORE, MARYLAND 21203-3146	24 nours after death, Page 6 may be retained by	filled in by the funeral director, page 5 should be tion, or removal.	the medical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the continued from the physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be machined as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at the many of the medical examiner must be notified at the many of the medical examiner must be notified at the medical examiner must be notified at the medical examiner must be notified at the medical examiner.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND I		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE		YEAR	3. TIME OF DEATH	
į	Gloria	L.	King			1	27	7578	8:05 A м	
	4. SOCIAL SECURITY NUMBER 219-40-8970		In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 4-9-1	942	8. BIRTH Countr	HPLACE (State or Foreign ny) Md	
	9a. FACILITY NAME (If not institution, give st	reet and number)		·	R LOCATION OF DE		9c. CO	UNTY OF D	EATN	
TO.	3300 Alto Rd.			Bal	timore C					
IREC	10a. STATE 10b. COUNTY	,	10c. CITY	, TOWN OR LOCAT			10d. INSIDE CIT LIMITS? 1 X YES 2			
اير	10e. STREET AND NUMBER			101	ZIP CODE		10g. CI	TIZEN OF V	WHAT COUNTRY?	
ER/	3300 Alto Road				21216			USF	4	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	If yes, sp	ENDENT OF NISPAN scify Cuban, Mexica 2 NO Specify	n, Puarlo Rican,		E — American Indian, k, White, etc. ^{My:} Black		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Ho.			DN st of working	16b. KINO	16b. KIND OF BUSINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) Harry Levy									
TO B	19a. INFORMANT'S NAME (Type/Print) Elizabeth Ruffin		is (Street and Number or Aural Acute Number, City or Town, State, Zip Code) brook Avenue Balto, Md							
	20q. METHOD OF OISPOSITION 1	oval Irom State	N. PLACE OF DISPOSE OTHER PIECES	orial Pa	natery, crematory or rk		Randal			
	21. SIONATURE OF FUNERAL SERVICE LIC	March		Marc	th F/H W	lest	enue			
	23. PART I. Entar the diseases, or of shock, or heart failure.	complications that caused List only one cause on a		ot enter tha mo	da of dylng, auc	h aa cardlac o	r reapiratory a	rrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition			7	_				Onset and Death	
	resulting in death)	e. DHE TO (OR AS	CONSEQUENCE OF	Anasarca	1					
,		202 10 (011 10)	ONIGEOUPHUE OF	,						
5	Sequentially list conditions, f any, leading to immediate									
S	AUSE, Enter UNDERLYING AUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	that initiated events resulting in death) LAST	4	001101101101	,		į				
8	PART II Other elepificant condition	e contributing to death i	nut not regulting	in the underlyin	n cause chan in	Part I 24a	WAS AN AUTOPS	v 244	b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	TAIT W. Other Significant Condition	ther significant conditions contributing to death but not resulting					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						_ ' _	TES Z XNO		OF DEATH? 1 ☑ YES 2 □ NO	
2 2								INSPECTION		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
YSI	1 X YES 2 NO	1 Inpetient 2 ER/Outs			e §C Rasidenca					
	27, MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	26b. TIM	URY	PURY AT ORK? YES 2 NO	28d. DEŞCRIBI	HOW INJURY O	CCURED		
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY					(Street and Numb	per or Rural	Route Number,	
TED	4 Homicide 6 Could not be	building, etc. (Spec	clfy)			City or Tow	n, State)			
COMPLETED	(Gridek Orlly	ICIAN: To the best of my know							a) and manner as stated.	
	SIONATURE AND TITLE OF CERTIFIED	n D/			29c. LICENSE NUI	MBER	29d. D.	ATE SIGNE	D (Month, Day, Year)	
TO BE	Margit of	egenell			OCME		•	1/2	27/90 237/90	
_	30. NAME AND ADDRESS OF PERSON WN			. 11 Penn	St		Balto.,	Md	21201	
	Margarita A. Kore			TT Leill	UL.		Dur LU.,	L'ICA •	21201	
	"FEB"0"5"1990" \$	James Dandson-R	naere							

RYLAND 21203-3146

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1.72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mati
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

215-07-1107 9a. FACILITY NAME (If not institution, give street 1027 Elm Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10c. STREET AND NUMBER 1027 Elm Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12) 9th Grade 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print) Robert E. Lepson 20a. METHOD OF DISPOSITION 1 XBurlei 2 Cremetion 3 Removes	SEX SEX SEX SEX 6. AC TYM 2 F and number) Cimore C. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO R DATES 16a. DECEDEI (Give kin. like. Do N	9b. CITY Ar CITY, TOWN C Arbut	DAYS T, TOWN OR DUTUS OR LOCATIO US 107. 3	ZIP CODE 2122 NDENT O	MIN. ON OF DEA	2. DATE OF DEATH MONTH DATE OF BIRTH (Month, Day, Year) 5/8/12	9c. COL Ba	Country	yland ore 10d. INSIDE CITY LIMITS? 1 □ YES 2 ※ NO	
4. SOCIAL SECURITY NUMBER 215-07-1107 98. FACILITY NAME (If not institution, give street 1027 Elm Road RESIDENCE OF DECEDENT 108. STATE 108. COUNTY Maryland Balt 109. STREET AND NUMBER 1027 Elm Road 11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced 15. DECEDENT'S EDUCATI (Specify only highest grade come to be supposed for the composition of the composition o	SEX SEX SEX SEX SEX SEX SEX SEX	R IN U.S. ARMED BS 2 NO R DATES 16a. DECEDEI Mr. Do N	9b. CITY Ar CITY, TOWN C Arbut	DAYS T, TOWN OR DUTUS OR LOCATIO US 107. 3	B LOCATIONS B LOCATIONS DN ZIP CODE 2122 NDENT OCITY Cubert	MIN. ON OF DEA	7. DATE OF BIRTH (Month, Day, Year) 5/8/12	9c, COU Ba	a. BIRTH County Mary UNITY OF DI	PLACE (State or Foreign y) y land EATH DITE 10d. INSIDE CITY LIMITS7 1 □ YES 2 X NO	
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Elementary/Secondary (0-12) 9th Grade 17. FATHER'S NAME (First, Middle, Lest) 19a. INFORMANT'S NAME (Type/Print) Robert E. Lepson 20a. METHOD OF DISPOSITION 1 [XBurlet 2] Cremetton 3] Removel		We. Do N	d of work done	ECEDENT'S USUAL OCCUPATION				INESS/IN	DUSTRY		
17. FATHER'S NAME (First, Middle, Lest) 19a. INFORMANT'S NAME (Type/Print) Robert E. Lepson 20a. METHOD OF DISPOSITION 1 XBurtel 2 Cremation 3 Removal		Pri	O1 636 /86/80./	ive kind of work done during most of working Do NOT use retired.)				re B	usin	ess Forms	
19a. INFORMANT'S NAME (Type/Print) Robert E. Lepson 20a. METHOD OF DISPOSITION 1 XBurlai 2 Cremation 3 Removal			Printer								
Robert E. Lepson 20s. METHOD OF DISPOSITION 1 XBurtel 2 Cremetton 3 Removed					18. MOTH	ER'S NAM	IE (First, Middle, Meiden	Sumame)			
Robert E. Lepson 20s. METHOD OF DISPOSITION 1 XBurtel 2 Cremetton 3 Removed											
20s. METHOD OF DISPOSITION 1 [X]Burtel 2 Cremetion 3 Removal							oute Number, City or Town				
1 XBurtel 2 Cremetion 3 Removal	Robert E. Lepson			land	Road	d 1	Baltimore,	•			
. De la la la la la la la la la la la la la	I from State	20b. PLACE OF DI other place)							- City or To		
4 Donation 5 Other (Specify)		Meadowr						idge	, Ma	ryland	
21. SIGNATURE OF FUNERAL SERVICE LICENT	BEE,	-		TIPP 31			al Home, I	no			
11/1//	=						Ave. Balt		o Ma	1. 21229	
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO JOR A	S A CONSEQUENCE	ce of:	1	100	eu Le	ul				
PART II. Other aignificent conditions of	contributing to deat	h but not result	ting in the u	nderiying	cause g	iven in i	Part i. 24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
1 YES 2 NO											
EXAMINER?	IOSPITAL:	hulmeticat a 🗆 =	OTHE	R:			ck only one)				
27. MANNER OF DEATH	28e. DATE OF INJUI	RY 28b	. TIME OF	28c. INJU		sidence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY O	CCURED		
1 Natural 5 Pending	(Month, Day, Yes		INJURY M	WOR		NO					
2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJ	URY — At home, fr	arm, street, tac				281, LOCATION (Street		er or Rural F	Route Number,	
4 Homicide 6 Could not be	building, etc. (S	Specify)					City or Town, State)				
29a. CERTIFIER 1 FERTIFYING PHYSICIA	N: To the heat of my for	nowlados dant -	nouroud at the	time date:	and plan:	and dir	to the cause(a) and mai		mlad		
CONTROL ONLY							to the cause(a) and mai time, data and placa, ar) and manner as stated	
			Jan and and	7							
29b. SIGNATURE AND TITLE OF CERTIFIER	0-00	1	14.5		29c. LICE	INSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
Duplier /	Cantilla	<u> </u>	M)					4.	190	
30. NAME AND ADDRESS OF BERSON WHO C	COMPLETED CAUSE OF	DEATH (ITEM 27)							- 1		
									•		
Steve Plantholt	32. REGISTRAR'S &	ICN ATURE	S	t. Ag	gnes	Hos	oital Bal	timo	re, l	Md. 21229	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR O 255 MARY ELIZABETH LANG 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign JUN 26,1916 HOURS MD. 1 M 2 XF 73 YRS. 218-07-2733A Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS?
1 YES 2 NO MD. BALTIMORE CITY permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 21239 U.S.A. 1705 HILLENWOOD ROAD burial-transit attending physician. 12. WAS DECEDENT EVER IN D.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, apolify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, stc. 21203-3146 FORCES? 1 YES 2 1 Never Married Specify: BY 3 Widowed 4 Divorced WHITE ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY hospital or Por Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 TEACHER ART detached AND once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname MARY ELIZABETH LOVELL JOSEPH A. SCHULER BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code 2 1705 HILLENWOOD ROAD BALTIMORE MD. 21239 LEWIS LANG JR. 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State BALTIMORE MD. IMMANUEL LUTH. CEM. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 0 H.W.JENKINS AND SONS CO. BALTO.MD.21212 6 deson filled in by the ion, or removal, the medical of 23. PART I. Enter the diseases, or comprications that caused the death. De not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death the disease or condition signed by the attending physician and completely in Health and Mental Hygiene prior to burial, crematic preumonia event. resulting in death) ANG 177 05, P.O. BOX/13146, DUE TO (OR AS A CONSEQUENCE OF):

SUPSIS - Candida traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 the death RECORDS, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO resection that any ovanan CYST COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO shows 1 TES 2 1 NO been s PHYSICIAN: has be Dept. ME 33 OF VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Hem certificate h HOSPITAL OTHER: PHYSICIAN: 1 TYES 2 NO 1 N Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with t marked, 1 🔀 Natural 5 Pending M 1 YES 2 NO death death BY 2 Accident DIVISION THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be ETED 4 Homicide determined 200 Real 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. COMPL (Check only one) 9 TO THE FUNERAL
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 88 12/2/90 Attauss 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. Strauss Baltimore HMU Parkway Chiversity 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Acha Davidson Bondage FEB 05 1990

DHMH-16 Rev 1/89

DIRECTOR

FUNERAL

BY

COMPLETED

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, par a security tached for use as the health within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t ance.
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e law require	has been signed.	23 show
YSICIAN: Th	s certificate	d, or Item
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TO THE HOSPI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely wiled in by the first within 72 hours after death with the State Debt, or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be normalized ance.

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29b. SIGNATURE AND TITLE OF CENTIFIE

1991

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)

32. REGISTRAR'S SIGNATURE

Manda &

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

#10abcdef,per F.H. 2/13/90 kam 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1990 XEAR DAY Judy Mao Burdine Lane 30 6:25 A 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1-18-42 234-66-2658 1 M 2000 48 YAS West Va. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Bel Forest Nursing & Rehab. Center Forest Hill, MD 21050 Harford RESIDENCE OF DECEDENT S. Charleston W. Vaconion S. Charleston M. Vaconi 100. STATE Va. 10b. COUNT 10d. INSIDE CITY Manyland Harford 1 TYES 2 THO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 108 Ruthlawn Drive 21050-25309 USA 109 Forest Valley Drive 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE - American Indian, Black, White, stc. FORCES? 1 YES 2-100 1 Never Married 2 Married 1 YES 2 X MO Specify 3 Widowed 4 Divorced White 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) State of West Virginia Secretary 12 years year 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Everitt Paul Burdine Cora Marie Brown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 108 Marshall Drive Forest Hill, Md. 21050 Sally Thompson 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Metro Crematory Inc. Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY 7401 Belair Rd. 21. SIGNATURE OF FUNERAL SERVICE LICEN Baltimore, Maryland 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximats shock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disesse or condition resulting in death) 9 ignant DUE TO (OR AS A CONSEQUENCE OF) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24h. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: M3
1 Inpatient 2 INTER/Outpatient 3 IDOA HOSPITAL: OTHER:

4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | NO 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

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29d. DATE SIGNED (Month, Day, Year)

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	4. SOCIAL SECURITY NUMBER 213-26-9096	5. SEX 1 M 2 F	6. AGE (In yrs. Is:	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE Of (Month,	F BIRTH Day, Year) .5/24		8. BIRTH Countr	IPLACE (State or Foreign y)	
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5	17. FATHER'S NAME (First, Middle, Linst) AR THUR GARNETT							CHAE		ddle, Maiden	Sumame)			
	19e. INFORMANT'S NAME (Type/Print)									r, City or Town				
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2	30. NAME AND ADDRESS OF PERSON WITH	S TETED CAU	SE OF DEATH (IT	EM 27) (Typ		NY	4/	M	Q					
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3 Suicide 6 Could not be determined 29s. PLACE OF INJUNY — At nome, farm, streat, tectory, office 29s. LOCATION (Street and Number or Hural House Number, City or Town, State) 29s. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. Description (Month, Day, Moar) 29d. DATE BIGNEO (Month, Day, Moar) 29d. DA			9	Day, Year)	IN	JURY	WO	RK7	NO				
4 Homicide Getermined Get		2 Decident	28e. PLACE	OF INJURY At h	ome, farm,	streat, fector	ry, office					er or Rural	Route Number,
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31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		4710	Pann	neta ni	X	100	5	20	1	Bath	. n	n S	2103/
FEB 05 1990 didio Variety De co		31. DATE FILED (Month, Day, Year)		700		V			1		1	, ,	
		FEB 05 1990	Selia Varieta	men									

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MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the #	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to builal, cremation, or removals
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Arden Kwan
31. DATE FILED MAN, DOWN 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENT	AL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF DEATH
	Morris	Milburn								ebruary		YEAR	12:23 A M
- 1	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. las	st birthday)	IF UNDE	1 YEAR	IF UNDE	R 24 HRS.	7. DAT	TE OF BIRTH	2 1.		PLACE (State or Foreign
	216 05 2293	1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	9/6	5/02		Countr	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	r, TOWN	OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF D	EATH
TOP	Maryland General	Hospita	1		Ва	alti	more	, Ci	ty				
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN								10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER]]	Balt:	-	-						1 XXES 2 NO
NA I	TOU. STREET AND NUMBER					10	f. ZIP COO						HAT COUNTRY?
買	3006 Brighton							216				J.S.	
5	11. MARITAL STATUS 1. Never Married 2 Married		TEVER IN U.S. AF							GIN? (Specify Yea to Rican, etc.)	or No-	14. RACE Black	— American Indian, t, White, atc.
	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 YES	2 📉 NO	Specifi	y:			BI	ack
	15. DECEDENT'S EDU-	CATION completed	16a. DE	CEDENT'S	USUAL O	CCUPATI	ON	ina	1	66. KIND OF BUS	SINESS/INC	USTRY	-
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 5	A) Iffo	rucl	se retired.)			''y		Tru	ckir	ng	
<u></u>	17. FATHER'S NAME (First, Middle, Last)						10 1407	MED'O MA	ME /C/-	t, Middle, Malden	Cumama)		
ŭ	Jackson Morr	is					Pr	isci	112	a Mor			
BE	19a. INFORMANT'S NAME (Type/Print)	10	1 40		100000	0.00				imber City or Town			
2	Mrs. Ruth Pett	it	10										Md. 21217
	20a. METHOO OF OISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pl	of Dispo	eition (M	ame of ce	metery, cre	matory or			oation —		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ND ADDRE						
	James d	ma	A		J	ame	s A	. Mc	orto	on & S	ons		, Md. 212
							_		_				, Md. 212.
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final	complications the List only one ce	at caused the de use on each line	eath. Do	not ente	r the mo	ode of dy	ring, suc	h sa c	erdiac or respi	ratory sr	rest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)		Renal F										Days
2		. Sepsis	OR AS A CONSE	OUENCE C	NF):								Days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE C	F):								Days
8	cause. Enter UNDERLYING	Leg Ab	scess										Days
正	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE C	F):								
F	resulting in death) LAST	d.											
2													
CAL	PART II. Other significant condition	e contributing to	desth but not	resulting	in the u	nderlyin	g ceuse	given in	Part i.	PERFOR	RMED?	24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA										1 TYES 2	MO NO		OF DEATH?
										1			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL												
Ö	EXAMINER?	HOSPITAL:		_	OTHE		LACE OF	DEATH (Ch	eck only	one)			
YS	1 VES 2 NO		ER/Outpatient	7				lesidence	_	ther (Specify)			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE Of (Month, i	Pay, Year)	28b. TII	JURY	W	JURY AT DRK?	and the same of th	26d. C	DEŞCRIBE HOW I	NJURY OC	CUREO	
BY	2 Accident investigation				М		YES 2	NO					
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he , atc. (Specify)	ome, farm,	street, fac	ctory, offic	CO			OCATION (Street a lity or Town, State)		r or Rural F	Route Number,
	29a. CERTIFIER	0444 7- 22											
COMPLET	(Check only	CIAN: To the best of											A and
8	a MEDICAL EXAMINE	o. Yn the pasts of t	10/D/18 FOTHKIUTHEA	investigati	on, in my	opinion,	weeth occi	orth 18 Den	time, d	will and place, an	u due to ti	ne CBUSe(s	e) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	1/1/1					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
10		MIAM	an N	1D								2/	0 190
1 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH //TE	M 273 /Bro	o Doint)								

C70 Maryland General Hospital

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mrial-transit permit. Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE OF MAR	CERTIF						YGIEN EG. NO.	Ŀ				
	1. DECEDENT'S NAME (First, Middle, Lest)	Mallory		rtle			Mallo	2. DATE OF I	DEATN		YEAR YO	3. TIME OF DEATH		
	0- 4 00 0000		GE (In yrs. lest birthday) 61. YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E		1928	6. BIRTI	PLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TOWN OR LOCATION OF DEATN								9c. COUNTY OF DEATH		
TOR	Francis Scott Key	y Med. Ctr	•	Baltimore										
DIRECTOR	Md. Balt	timore	100101	TY, TOWN O		ON						10d. INSIDE CITY LIMITS? 1 YES 2 1 NO		
RAL	10e. STREET AND NUMBER		· ·		101.	ZIP COD				10g. CIT	g. CITIZEN OF WNAT COUNTRY?			
FUNERAL	6549 Parnell	12. WAS DECEDENT EV	ER IN U.S. ARMED	ABMED 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No.— 14.								JSA E — American Indian,		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 N		TNO If yes, specify Cuban, Maxican, Puarto Rican, stc.) I VES 2 NO Specify: Black, W Specify:										
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT	work done	during mos		ng	16b. KIN		SINESS/INC				
	17. FATHER'S NAME (First, Middle, Lest) John F. Barne	es	- Can	0100				e Ann	e, Maiden					
TO BE	19a. INFORMANT'S NAME (Type/Print) Edith Cotrill, D	aughter	196. MAILIN					oute Number, C		n, State, Zh Nd •		20		
	20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	20b. PLACE OF DISPO					ns		cation — ltimo		Co., Md.		
	21, BRINATURE OF FURENAL SERVICE LICE	ugges.	k					unera ern A				Md. 21221		
1	23. PART i. Enter the diseases, or en ahock, or heart feliure. Li	implications that cause of	used the deeth. Do	not sntsr	ths mod	da of dy	ing, such	as cardiac	or respi	iratory an	rest,	Approximate interval Batween		
	IMMEDIATE CAUSE (Finsi disease or condition requiting in death)	A NONC DUE TO GOR	brain o	Jana	se	2	304	6 KI	uD	an	stx	Onset and Death		
NOL	Sequentially list conditions, if any, leading to immediate	Renal (DUE TO (OR)	AS A CONSEQUENCE	erc)										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR	AS A CONSEQUENCE		Seo, a	L.								
CER	d.													
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to das	th but not resulting	in the ur	ndariying	Cause	given in I		PERFOR		240	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
: ME								-				1 - YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LIST DITAL.				ACE OF D	DEATH (Che	ck only one)						
IYSI	1 TYES 2/1 NO	Y	Outpetlent 3 DOA	-	sing Nom		esidence (6 Other (Sp						
ВУ РН	27. MANNER OF DEATN 1 Naturel 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye		ME OF IJURY M	26c, INJI WO 1 Y		□ NO	26d, DEŞCRI	BE HOW I	NJURY OC	CURED			
	2 ⁷ Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	28e. PLACE OF IN. building, atc.	URY — At home, farm, (Specify)	, street, fac	tory, office				N (Street a wn, State)		r or Rural	Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER											e) end menner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	<i>C</i> 1					ENSE NUM					(Month, Day, Year)		
TO B	Je1. De 2 Kavit	E, tella, Palm	m, +(r.h.	llera		03	6918			▶ 9	-/1	90		
	30. NAME AND ADDRESS OF PERSON WHO Christopher K.	MiQuit	DEATH (ITEM 27) (TYPE	Print)	acis!	Soft	1 Kec	Meo	lca	(Cer	ter	- Balterore		
	TEBE 15 1990 great Burlow House													

and the same of

BALTIMORE, MARYLAND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital properties of the property	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 hours after d	filled in by the ion, or removal.	he medical e
be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	aumatic event, t
death certificate	e attending physic Tental Hygiene pric	ury, or other tr
v requires that the	been signed by the	shows any in
SICIAN: The law	certificate has the State Dep	I, or Item 23
TENDING PHY	TOR: After this after death with	28 is market
HOSPITAL OR AT	FUNERAL DIRECT WITHIN 72 HOURS	ITANT: If Item 2
TO THE	THE THE	IMPOR

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MARGARITA

COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Korell, MD

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF I		/ DEPAR					MENTA	L HYGIEN	_	70	02100
1. DECEDENT'S NAME (First, Middle, Lest) Michael	Eric			Mar	sh			2. OATE	0F 0EATH DA	Y	YEAR	3. TIME OF OEATH 3:30PM M
4. SOCIAL SECURITY NUMBER 213 86 2176	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER 1 Y	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	971		to Md.
9a. FACILITY NAME (If not institution, give Railroad Tracks	street and number)	oad		9ь. сіту, т Мі		on Location		EATH			timo	eath ore County
RESIDENCE OF DECEDENT 10s. STATE Maryland 10b. COUNT 10b. COUN	altimore			y, town on Middle								10d. INSIDE CITY LIMITS? 1 YES 2 XX0
100. STREET AND NUMBER 749 Kingston	Rd.				101	. ZIP CODE	1220	0	-	10g. CITI		HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S. I YES 2 MAR OR DATES	H y	es, sp			in, Puerto	N? (Specify Yes Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.	
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		100	DECEDENT'S (Give kind of life, Do NOT u	work done dur			g	164	b. KIND OF BUS	INESS/IND	USTRY	
17. FATHER'S NAME (First, Middle, Lest) Victor E.	Marsh S					18. MOTH			Middle, Maiden a Doyle			
19a. INFORMANT'S NAME (Type/Print) Barbara Sue Mar	(Type/Print) 19b. MAILING ADDRESS (Street and Number or Aurel Route Number, City or Town, State, Zip Code) Sue Marsh, Mother 749 Kingston Rd. Balto., Md. 21220											
20s. METHOO OF DISPOSITION 1												
11. SUBNATURE OF FUNERAL SERVICE L	Bruzdzinski Funeral Home PA 1407 Old Eastern Ave. Balto., Md. 21221											
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Multiple injuries												
resulting in deeth)	e											
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	O (OR AS A CON										
PART II. Other significent condition	ons contributing to	o death but n	ot resulting	in the und	erlyin	g cause (given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YEARY YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatier	n 3 🗆 DOA	OTHER:		LACE OF D				SCEN	E	
27. MANNER OF DEATH 1 Netural 5 Pending XXXXXCident Investigation	@ !_	F INJURY Day, Year) () OF INJURY — A		SPM 2	8c. IN. W	JURY AT ORK? YES 2X		Vic	EŞCRIBE HOW I	ATV	/tra	in impact
3 Suicide S Could not be determined	building	, etc. (Specify)	ra	ilroad	d t	rack		Ear	Is Roa	d, Ba	altin	more County
(Check only one) XXXXX MEDICAL EXAMI	IER: On the basis of						red at the	time, de		d dus to ti	he cause(s	(Month, Day, Year)
Mounte 0	HO COMPLETED CAL	LL ISE OF SEATH	ATEM 27 /7 -	a Drines			CME			>		2-90

111 Penn Street, Baltimore, MD 21201

OHMH-18 Rav 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may report to THE FUNERAL DIRECTOR. After this certificate has been signed by the afterding physician and completely filled in by the funeral director, pa 6 filed within 72 hours after death with the State Dept. of Health and Mental Hyglene pnor to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be invited.	1	To Marian		Philippe	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem. TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic	BALTIMORE,	ter death. Page 6 may	the funeral director, pa oval.	ai examiner must be	
DIVISION OF VITAL RECORDS, P.O. BOX 1314 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic en	6,	within 24 hours af	cremation, or rem	rent, the medic	
DIVISION OF VITAL RECORDS, P.O. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert FUNERAL DIRECTOR: After this certificate has been signed by the attending within 72 hours after death with the State Dept. of Health and Memtal Hypit MINT: If Item 28 is marked, or Item 23 shows any Injury, or of	BOX 1314	ificate be executed	physician and con one prior to burial,	her traumatic e	
DIVISION OF VITAL RECO HOSPITAL OR ATTENDING PHYSICIAN: The law requires FUNERAL DIRECTOR: After this certificate has been signed within 72 hours after death with the State Dept. of Health MIN: if item 28 is marked, or item 23 shows a	RDS, P.O.	that the death cert	d by the attending and Mental Hygie	iny injury, or ot	
DIVISION OF VI HOSPITAL OR ATTENDING PHYSICIAN FUNERAL DIRECTOR: After this certific within 72 hours after death with the S TANT: If Item 28 is marked, or I	TAL RECO	: The law requires	ate has been signated tate Dept. of Healt	tem 23 shows	
DIVIS: HOSPITAL OR ATTE FUNERAL DIRECTOR WITHIN 72 HOURS Afte	ION OF VI	NDING PHYSICIAN	R: After this certifical report of the Secretary of the S	is marked, or i	
물 물 필 등	DIVIS	THE HOSPITAL OR ATTE	THE FUNERAL DIRECTOR	ORTANT: If Item 28	

	for 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (# MISSING SWI)	W	Noc	K		2. DATE OF DEATH MONTH 2	"/ 9"	FAR	6:45 A M		
	217-16-6066	M 2 □ F		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	//	Country)	(State or Foreign)		
TOR	98 FACILITY NAME (If not institution, give street has been to be the property of the property	Clotes		Balte	MODEL OF DE	Mb	9c. COUNTY				
DIRECTOR	Maryland / ====	a vines	10	town or Local	ION			L	NSIDE CITY IMITS? YES 2 NO		
	10e. STREET AND NUMBER		200		. ZIP CODE		10g. CITIZEN	OF WHAT CO			
FUNERAL	4022 - 6th Str	-			21225		U.S				
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Yein, Puerto Rican, etc.) y:	s or No— 14.	RACE — Am Black, White Specify: W	erican Indian, , atc.		
COMPLETED	the control of the co		Illa. Do NOT use	rk done during mo retired.)	ON st of working	16b. KIND OF BU	SINESS/INDUS	TRY			
MP	9th Grade 17. FATHER'S NAME (First, Middle, Last)		Carper	nter	16 MOTHER'S NA	ME (First, Middle, Maiden	Sumamal				
ö	Lee A. Nock				Nora	Elswort					
TO BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or Tov	vn, State, Zip Co				
٦	Fanny L. Nock					Baltimore.					
	20a. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL ERVICE UCHISEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore. Md. 21225										
	23. PART I. Enter the diseases, or cor		the death. Do no					t, /	Approximata		
	ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Fins) disease or condition resulting in deeth) Interval Between Onset and Death										
z	DUE TO (OR AS A CONSEQUENCE OF):										
5	Sequentially list conditions, If any, leading to immediate put to (on as a consequence of):										
5	CAUSE (Disease or Injury Due to (on as a configurance or):										
CERTIFICATION	resulting in death) LAST	Spill	dell	long	Carl	Thema					
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions New On set	contributing to death b		the underlyin	g cause given in	Part I. 24e. WAS AI PERFO	RMED?	AWAILA COMPI OF DE	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? YES 2 PNO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000.741			LACE OF DEATH (C)	neck only one)					
YSK	1 TYES 2 NO	Inpetient 2 - ER/Outp	entient 3 DOA			6 Other (Specify)					
F	27. MANNER OF DEATH 1 Natural 5 Pending	'28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	IURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED			
red BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec				281. LOCATION (Street City or Town, State		Rural Route No	umber,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI, ORD DESCRIPTION OF THE CONTROL OF THE CON	AN: To the best of my know On the basis of examination							nanner aa stated.		
BE C	296. SHORADORE AND TITLE OF CENTERER 296. DATE SHORED (Miley). Clay, Year)										
0 8	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED PALICE OF DE	ATH (ITEM 27 (1)	Print)	V>717	4	1 h	/ 1/	10.		
	Song YOL CHOI	V 300/	S. Hanos		. Bal	Etimore,	40,	2/13	×		
	FEB 0 5 1990	32 REGISTRAR'S SIGN	ndell	20		7					

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FOR STATE REGISTRAR

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		1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH DAY
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
Pla		217-01-9516 1 PM 2 0 F 1/0 YRS. 06/26/19 MV
2, 3 should	OR	Se. EACILITY NAME (If not institution, give street and number) Se. COUNTY OF DEATH Se. COUNTY OF DEATH SELTIMORE CITY SE. COUNTY OF DEATH SELTIMORE CITY SELECTION OF DEATH SELECTI
Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
emit. F		10. STREET AND NUMBER 101. ZIP COOE 102. CITIZEN OF WHAT COUNTRY?
ansit permit. Pages	ERAL	5001 KRAMME AVE 21225 4.5.A
1	E	11. MARITAL STATUS 1 WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. RACE — American Indian, 17. Was pecify Cyben, Mexican, Puerto Rican, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR HISPANIC OR H
C)E	3 Widowed 4 Divorced World War II
$\overline{}$	ETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY
hed fo		7th Grade Crane Operator Ship Building
detached	COMPL	17. FATHER'S NAME (First, Middle, Lest) JOHN N. NAGLE SR. EVA SHURKKA
5 should be notified at	B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2	임	Dorothy E. Nagle 5001 Kramme Avenue Baltimore, Maryland 21225
3		20s. METHOD OF DISPOSITION 1/N Burles 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State other place)
funeral director, xaminer musi		4 Donation 5 Dotter (Specify) Cedar Hill Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
41 - 40		Rehard Come George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225
remore		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between
filled i		IMMEDIATE CAUSE (Final disease or condition CADD AC ADD CT
completely fille ial, cremation, event, the		reculting in death) s. CARDIAC ARREST Due to (on As A consequence of):
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nding phy Hygiene p	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST
the attending I Mental Hygie Injury, or oth	CER	d
A and	EDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? ANALIBLE PRIOR TO COMPLETION OF CAUSE
sign Heal		DNOUMONIA 1 YES 2 NO OF DEATH?
Dept. of	-	
State D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
certifi in the	PHYS	27. MANNER OF DEATH 28b. TIME OF MANNER OF DEATH 28b. TIME OF MANNER OF DEATH 28b. TIME OF MANNER OF DEATH (Month, Day, Year) 28b. TIME OF MANNER OF DEATH (Month, Day, Year) (Month, Day, Year)
fter this cath with	ВУ Б	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO
after d	윤	3 Suicide a Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
- 10F	립	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO THE FUNERA De filed within 7 IMPORTANT: I	В	296. BIGGENURE AND TITLE OF CENTIFIER 296. DATE SIGNED (Month, Day, Year)
E S S S S S S S S S S S S S S S S S S S	5	(Way N. Rem M.) 117:31 12/1/90
		KWANG N. KIM. M.D. 301. S. Haward St. 21230
		31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE
		FEB 05 1990 Grafia Savidson Randose

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1217

No. Act

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a recurs after death. Page 6 mm or missing	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directo)	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AN	D MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	William Neff	JR.			01 30	90 YE	1:05 am M		
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs. les			s. 7. DATE OF BIRTH	8.8	IRTHPLACE (State or Foreign		
	216 07 5980 1 9a. FACILITY NAME (If not institution, give stree	X M 2 □ F 72	YRS. MONTHS	DAYS HOURS MIN	07 26 19	117	Md.		
TOR	Frostburg Communi			Rostburg,			gany		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN (10d. INSIDE CITY LIMITS?		
	Md Alleg	any	Lonac	Oning Md	•	10g. CITIZEN	1 ¥ YES 2 □ NO OF WHAT COUNTRY?		
FUNERAL	7 St. Marys T	errace Lonaco	ning	21539	SPANIC ORIGIN? (Specify Y	U S	AACE — American Indian,		
8	1 Never Married 2 K Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Me	oxican, Puerto Rican, etc.)		Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (Q-12)	npleted) (G	CEDENT'S USUAL O live kind of work done . Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF B	USINESS/INDUSTI	av .		
MP		S	upervis	or	Paper	Mill			
8	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Maide				
BE	William R Noff 190. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRESS		a O, Brie		s)		
10	Inez Neff				ace Lonac				
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	I from State other pl	ace)	me of cemetery, crematory		OCATION — City	ort Md.		
	21. SIGNATURE OF FONERAL SERVICE LICEN	SEE	Philos 22.	NAME AND ADDRESS OF		sterni	ort Md.		
	* referred W	Harrich	-/		nick Fune		me		
	23. PART i. Enter the diseases, or con ahock, or heert fallure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	plicetions thet coused the det only one cause on each line	eeth. Do not enter	Failu	17: 12	substanty artifict)	Approximate Interval Between Onset and Death		
_	3.00/10/10	BIJE TO TOR AS A CONSE	QUENCE OF THE	the &	ung				
ATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST Odd To (OR AS A CONSEQUENCE OF): O								
- 1	PART II. Other significant conditions of	ontributing to deeth but not	resulting in the u	ndeslying cause giver	n in Part i. 24a. WAS A		24b. WERE AUTOPSY FINDINGS		
BY PHYSICIAN: MEDICA	Conflict	Ve Steam	hair	Curl	1 TYES	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)				
Sic		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Nur	ર: sing Home 5 □ Resider	nce 6 Other (Specify)	-CU	Gront Reing,		
PH	27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	· isospise		
	Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, form, street, fac		261. LOCATION (Stree City or Town, Stat		ural Route Number,		
COMPLETED	anal	N: To the best of my knowledge, do On the bests of examination and/or					use(e) and manner as stated.		
	296. BUSHATUHE AND TITLE OF CERMINER	07	,	29c. LICENSE			INED (Month, Day, Year)		
TO BE	Manylly	tung	mr	D249	51	10	n31.90		
	Chang H. Oh, M.D.	48 Tarn Terrac		204 Fr	ostburg, MD	. 21532			
	31. DATE FEEB 05 1990	22. REGISTRAR'S SIGNATURE	we!						

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the la	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected within 72 hours after death with the State Dent, of Health and Mental Housene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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burial-transit permit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	ATE OF DEATH	MENTAL HYGIENE REG. NO.							
WILLIAM	PARKER		2. DATE OF DEATH	9845 AM						
4. SOCIAL SECURITY NUMBER 8.12-30-3681	1 1 2 1 74 YRS. WO	UNDER 1 YEAR OF UNDER 24 HRS. 17HS DAYS HOURS MIN.	7. DATE OF BIRTH SACTOR	8. BIRTHPLACE (Subs or Foreign						
NORTH ARUNDEL HO	The state of the s	GLEN BURNIE		A.A. COUNTY						
RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT	104. INSIDE CITY LIMITS! 1 YES 2 FTNO									
10e. STHEET AND NUMBER	rikd	101. ZIP CODE 2/07	6	CITIZEN OF WHAT COUNTRY?						
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 6 Oliveced	12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECEMBENT OF HISPAN If yes, specify Cuttan Mexico 1 YES 2 M MO Specif	n, Puerte Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black						
15. DECEDENT'S EDI (Specify only Alghest gradi Elementary/Secondary (0-12)	CATION IN DECEMBERT'S US (STIP Almoyor work to College (1-4 or 5+)	done during post of working tred.	186. KIND OF BUSINES	IS/MDUSTWY						
12. PATHEN'S HAMP (TIME MOON, LIGHT)	12. PATHER'S HAMME (First, Micross, Light) (18. MOTHER'S HAMME (First, Microssychiagens Stormann)									
The AMP COMMANT'S MANGE COOL PRINTY	THE MATERIAL TO MAKE EXPORTED TO THE MAILING ADDRESS (STOOK and Northern Figure Form From Strong Zip Grow) 21076									
20a ASECTION OF DISPOSITION 10 District 2 Commission 2 Removed from State 20b/PLACE OF DISPOSITION (Name of confiatory Crymaniay or 20b/Coastion — City or Yours, State 10 Donation 10 Other (Specify)										
21. BIOMATUME OF FUNERAL SERVICE L	Blder	22. MAME AND ADDRESS DESTA	TUBC H	State 1						
	complications that caused the death. Do not List only one cause on each line. s			Interval Betwee						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c										
that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condition	ns contributing to death but not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN AUTO PERFORMED 1 YES 2	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?						
				1 TYES 2 NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO		28. PLACE OF DEATH (CI								
27. MANNER OF DEATH	28e. DATE OF INJURY 28b. TIME O		6 ☐ Other (Specify) 28d. DESCRIBE HOW INJU!	RY OCCURED						
1 New State S Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation (Month, Day, Year) INJURY TES 2 NO										
2 Accident Investigation	28e PLACE OF INJURY - At home form street	3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)								
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, farm, stre-	it, factory, office		rumber or Hurel House Number,						
2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	28e. PLACE OF INJURY — At home, farm, stre-	t the time, date and place, and du	City or Town, State) to the cause(e) end manner	as stated.						
2 Accident 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only	28e. PLACE OF INJURY — At home, farm, stre- building, etc. (Specify) SICIAN: To the best of my knowledge, death occurred a IER: On the basic of examination and/or investigation, if	t the time, date and place, and dunning opinion, death occured at the	to the cause(e) and manner time, date and place, and du	as stated. e to the cause(e) and menner ee stated. DATE SIGNED (Month, Day, Year)						
2 Accident 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CHARLES	28e. PLACE OF INJURY — At home, farm, stre-building, etc. (Specify) SICIAN: To the best of my knowledge, death occurred a JER: On the basic of examination and/or investigation, it is to complete the complete CAUSE OF DEATH (ITEM 27) (Type, Principle)	t the time, date and place, and dunning opinion, death occurred at the	o to the cause(e) and manner time, date and place, and du	as stated. e to the cause(e) and menner ee stated						

Anthropological Telephone

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2. DATE OF OEATH 2-1-90
MONTH 2 DAY 1 TEAR

1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

AHNIE

PHYALL

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEAR	F UNDER 24	HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	250-64-4372	1 🗌 M 2 📉 F	5.	L YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)		Sout	h Carolin
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOW	N OR LOCATION	OF DEAT			TY OF OEA	тн
O.	UNION MEMORIA	L HOSPIT	AL		BALT	MORE	City	y		non	.e
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CIT	Y. TOWN OR LO					140	d. INSIDE CITY
. DIRECTOR	Maryland	none			Baltim	ore C	ity			1	LIMITS?
FUNERAL	2780 The Ala	ameda				10f. ZIP CODE	218				tates
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE	YES 2X		If yes,		Mexicen,	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No—	Black, V Specify:	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 12th grade				_			Factor		USTRY	
- 1	17. FATHER'S NAME (First, Middle, Lest) Smith Physi							E (First, Middle, Maiden	Surname)		
HO BE	190. INFORMANT'S NAME (Type/Print) Charlene and De			278				ute Number, City or Tow Balto. N		Code) 21218	3
1	20s METHOD OF DISPOSITION 1 D Burlel 2 Cremetton 3 Ren		20b. PLAC	E OF OISPO	SITION (Name of	cemetery, cremat	tory or	20c. LO	CATION —	City or Town	
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	ceoger	- I Bar	timo	re Cen	ANO ADDRESS	B.	Scruggs	Fune	eral	Maryland Home 212 more, Md.
CERTIFICATION	Sequentially list conditione, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONS	EOUENCE O	olio	(D	ehy	dration)			4(4)
AN: MEDICAL	PART II. Other significant condition Multiple, Cer 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO	ebral V	ascula	r Ac	cident	(SC) PLACE OF DEA	ATH (Chec	PERFOI 1 YES :	RMED	C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
BY PHYSICI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE Of (Month,)	Day, Ybar)	28b. TR	ME OF 28c. JURY 1	INJURY AT WORK?	NO	Other (Specify) 28d. DESCRIBE HOW			
8	3 Suicide 6 Could not be determined	building	OF INJURY — At I , etc. (Specify)					281. LOCATION (Street City or Town, State)		ite Number,
COMPLET	(Check only one) 2 MEDICAL EXAMIN	ER: On the besis of						o the cause(e) end me me, data and place, a			and menner ee stated.
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON W	POS	ell.	rtel		29c. LICEN	N/	A	10	ile	forth, Day, Year)
	1 DON	32 AFRICATE	ARIS SIGNATURE	EM 27) (19p)	Per	nn Co	vert	Perry	12	al.	128
	31. DATE FILED EB 05 199	0 Juli	aure de l'	Books	5			١			
											DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BYLAND 21203-3146

after death. Pres

executed within

by the hospital or attending physician.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be DIVISION OF VITAL RECORDS,

DHMH-16 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is mours after dear	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exa
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	三	王章	PO
	2	23	3

	FOR STATE REGISTRAR	STATE OF MAR		ARTMENT			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATH
	Carol	Marie		1	Parr	ish		1	90	1:57 P⁴
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde	7		IF UNDER 24 HRS.	7. OATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign
	212-40-3311	1 □ M 2 😿 F	46 YAS	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)	43	Country	ryland
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN OF	LOCATION OF DE	at the state of		TY OF DE	
5	1 Coach Lane			1	Broo	klyn Par	cle	An	no A	rundel
חשבוטם	RESIDENCE OF DECEDENT						_ T	I All	uic A	
	10e. STATE 10b. COUNT			CITY, TOWN OF		ON				10d. INSIDE CITY LIMITS?
- 4		e Arundel	В	altimo	_					1 TYES 2 1 NO
UNERAL	10e. STREET AND NUMBER				10f. 7	ZIP CODE				HAT COUNTRY?
	1 Coach Lane					21225			S.A.	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 \(\subseteq \) Y	ER IN U.S. ARMED				IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No-	14. RACE Black,	American Indian, White, etc.
5	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1	YES 2	NO Specify	r:		Specify	White
	15. OECEDENT'S EOU	CATION	16e, DECEDENT	T'S USUAL OC	CUPATION		16b, KIND OF BU	ISINESS/INDI	USTRY	MILLE
	(Specify only highest grade	Completed) College (1-4 or 5 +)	(Give kind	of work done du T use retired.)						
	12th Grade	College (I-4 or 5+)	Sec	retary	,		Tarmb	er Cor	ות בת ח	r
COMPLE	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (First, Middle, Maider		in product	
	William Jo	hn Lang				Jose	phine Rose	e Gabo	or	
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street and		Route Number, City or Tox			
=	Tammy Campbell		3932	Landy	rale	Road V	irginia B	each.	Va.	23456
	20e. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rem	oval from State	20b. PLACE OF DISI					OCATION —		
	4 🗆 Donation 5 🗆 Other (Specify)		Metro C				Ba.	ltimor	re. N	larvland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				ADDRESS OF FA	ce Funera.	1 11	TD A	
	Hound	Mas	nerou				Hwy. Balt:			
	23. PART I. Enter the diseases, or	complications that cau	sed the deeth. D	o not antar	tha mod	a of dying, suci	h as cardiac or resp	piretory arr	est,	Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one couse of	n aach line.							Interval Between Onset and Death
ı	disease or condition resulting in death)	CNOTACT GU	INSHOT WO	DUND OF	CHE	EST				
1	resorting in death)		AS A CONSEQUENCE			-3 tur st				
ξ	Sequentially liet conditions,	b								
CERTIFICATION	If any, leading to immediata ceuse, Enter UNDERLYING	DUE TO (OR .	AS A CONSEQUENCE	E OF):						
2	CAUSE (Disease or Injury	C	AS A CONSEQUENCE	E OF						
	that initiated events resulting in deeth) LAST	DUE TO TOM	AS A CONSEGUENCE	L OF):						i l
		d								
ان	PART II. Other significent condition	ns contributing to dea	th but not resulting	ng in the und	derlying	ceuse given in		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
3	MANIC DEPRESSION						1 X YES			COMPLETION OF CAUSE OF DEATH?
NEC.										1 YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Ch	eck only one)			
	1 XXES 2 □ NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 🗆 DO	OTHER 4 Nursi		\$ ○\$Residence	8 🗆 Other (Specify)			
PHTSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	IRY 25b.	TIME OF INJURY	28c. INJU WOR	IRY AT	28d. DESCRIBE HOW	INJURY OCC	CURED	
5	1 Natural 5 Pending 2 Accident investigation	1-30-90		М	1 Y	ES 2 NO	SELF INF	LICTE		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	PURY — At home, far (Specify)	m, street, facto	ory, office		28f. LOCATION (Street City or Town, Stet		or Rural R	loute Number,
	4 Nomiciae accimined	HOME					BROOKLYN F	PARK. A	ACO	MARYLAND
7	Crieck only	ICIAN: To the best of my I	nowledge, death occ	curred at the til	me, date o	end place, end due	to the cause(e) end m	enner ee atal	ed.	
200 City or Town, Stele) 200 Certifier (Check only one) 201 AMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated.					pinton, de	ath occured at the	time, date end place, e	end due to th	e cause(e)) and manner as stated.
5	one) DESCRIPTION OF THE PROPERTY OF THE PROPER	ER: On the basie of examin	action on a constant							
	296 SIGNATURE AND SITTLE OF CONTROL	4				29c. LICENSE NUI	MBER	29d. DATI	E SIGNED	(Month, Day, Year)
	OCONOLIA SIGNIN	ER: On the basic of examin				29c. LICENSE NUI			E SIGNED	
	296. SIGNATURE AND TITLE OF DESIGNATION OF SIGNATURE AND ADDRESS OF PERSON WIL	M D	F DEATH (ITEM 27) (1	Type, Print)						
IO BE CO	30. NAME AND ADDRESS OF PERSON WITE Frank J. Perett:	HO COMPLETED CAUSE O	FDEATH (ITEM 27) (I	Type, Print)	1		Æ		2/1/	90
	296. SIGNATURE AND TITLE OF DESIGNATION OF SIGNATURE AND ADDRESS OF PERSON WIL	M D	FDEATH (ITEM 27) (I	īype, Print)	1	OCN	Æ	•	2/1/	90

LAND 21203-3146	y the hospital containing physician.	e detect for the burial-transit permit. Pages 1, 2, 3 sho	nt order C 2 J
BALTIMORE, MARYLAND 21203-3146	n 24 hours after death. Page 6 may be retained by	iy filled in by the funeral director, page 5 should to ation, or removal.	the medical examiner must be notified a
N OF VITAL RECORDS, P.O. BOX 13146,	IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosning an annual physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dead in the burial-transit permit. Pages 1, 2, 3 sho be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one 🧲 🥒
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	IMPORTANT: It Item 28 is r

=	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MA	ARYLAND / DEPARTI CERTIFIC			ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) STELLA MAE ROSS				2. DATE OF DEATH DAY 2 3	90 ^{YEAR}	3. TIME OF DEATH 1:05P M		
	213-20-5579 1 □ M 2 🗓 F	77 YRS. M	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/25/12	Ma	ryland		
TOR	90. FACILITY NAME (If not institution, give street end number) 906 W. Lombard Street RESIDENCE OF DECEDENT			1timore	TH 9c	. COUNTY OF	DEATH		
FUNERAL DIRECTOR	Maryland 10b. county		rown on Locat altimor	e			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
NERAL	906 W. Lombard Street			21223		U.S			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, sp	ENDENT OF HISPANIC ocity Cuben, Mexicon, 2 NO Specify:	C ORIGIN? (Specify Yes or N Puerto Ricen, etc.)	Bla	CE American Indian, ck, White, etc. icity: White		
MESSED	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo retired.)	N st of working	16b. KIND OF BUSINES	ss/INDUSTRY	ucte		
COM	8th grade 17. FATHER'S NAME (First, Middle, Last)	Laboror		18. MOTHER'S NAM	E (First, Middle, Maiden Surn		uces		
O	Luther Landrum				ie Mae Unk		171.		
3 BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	DDRESS (Street e	nd Number or Rural Ro	oute Number, City or Town, St.	ste, Zip Code)			
2	Luther Landrum	Lott	ie Mae	Unknow	n				
	20c. METHOD OF DISPOSITION TO Burles 2 Cremetton 3 Removal from State 4 Donatton 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Cedar Hill Cemetery 20c. LOCATION — City or Town, State Brooklyn Park, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LIGHTH 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home, Inc. 4107 Wilkens Ave. Baltimore, Md								
	23. PART I. Enfor the diseases, or complications that shock, or heart fellure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (caused the death. Do not e on each line. Kin Son's OR AS A CONSCOUENCE OF):			as cardiac or respirato	ery arrest,	Approximate Interval Between Onset and Desth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algoriticant conditions contributing to a Congestive Hea Pressure Sores	deeth but not resulting in		g cause given in P	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2)?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1								
ву РНУ	27. MANNER OF DEATH 1 Netural 8 Pending (Month, Dec.) 2 Accident Investigation	NJURY 28b, TIME	OF 28c. INJ		28d. DESCRIBE HOW INJUI	RY OCCURED			
	3 Suicide 28e. PLACE OF	INJURY — At home, farm, str. tc. (Specify)	eet, factory, offic		281. LOCATION (Street and I City or Town, State)	Number or Rura	l Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examiner.						e(e) end manner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	n, MD	trine)	b-30	Α.	d. DATE SIGNI	5-90		
	Alan Adelman, MD.	Kernan Host		2200 N	. Baltimore	, Md.			
		15 agyrungandest	LUGI	2200 N	. TOTESC IX	2100			

insit permit. Pages 1, 2, 3 should

death.	funera		xami
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
24 ho	filled	ion, o	the rr
within	npletely	cremal	vent,
ecuted	nd con	burial,	atic e
be ex	clan a	or to	raums
tificate	physi	ene pr	ther t
th cert	ending	I Hygi	or of
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that t	ed by	th and	any i
aduires	n sign	of Heal	hows
aw n	as be	Dept. o	23 \$
N: The	icate h	State	Item
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ENDIN	IR: Aft	ter de	is n
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL	HYGIEN REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last) Kenneth	Barto	on	Richa	rds	2. DATE O MONTH	OF DEATH DA		YEAR 90	3. TIME OF DEATH A			
	4. SOCIAL SECURITY NUMBER 212-94-5794	5. SEX 1 N 1					Day, Year) 25-196	55	Country	Md			
	9a. FACILITY NAME (If not institution, give street and number) University Hospital				imore Cit	1				ATH			
שוו	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			т, тоwn ов Loca ltimore						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
EHAL	100. STREET AND NUMBER 30 Ambo Circle		10	10g. CITIZEN				OF WHAT COUNTRY?					
DT FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp	ecity Cuban, Mexica 2 NO Specify	n, Puerto A		or No—	14. RACE Black Specif	- American Indian, White, atc.			
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ementary/Secondary (0-12) College (1-4 or 5 +)				House of Correction				ions			
	17. FATHER'S NAME (First, Middle, Last) Clayton R	ichards			Dorin	ME (First, M a Pur	iddle, Malden	Surname)					
2	19a. INFORMANT'S NAME (Type/Print) YVONNE FOWIKE	s Richards	30 AI	aboness (street) mbo Circ	ned Number or Rural in 1e Esse:	Noute Numb	or, City or Town		Code)				
	20s. METHOD OF DISPOSITION 1 (A) Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)			smon (Name of co dar Hill	y Anne Arundel Co, Md								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue												
CERTIFICATION	23. PART I. Enter the diseases, or cashock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ach line. 70 und to A CONSEQUENCE O	back n:	or of any and		oo bi respi			Approximate interval Between Onset and Death				
7	that initiated events resulting in death) LAST PART II. Other significant condition	and events in death) LAST d							24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
FILTSICIAN: MEDIC								1 X YES 2 NO OF DEA					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	AMINER? HOSPITAL: OTHER:							ok only one)				
-	27. MANNER OF DEATH	1 Inpatient 2 X ER/Outs 28a. DATE OF tNJURY (Month, Day, Year)	28b. Til		6 Other (Specify) 28d. DESCRIBE HDW INJURY OCCURED								
2	1 Netural 5 Pending 2 Accident Investigation	1 Natural 5 Pending 1-31-90			YES 2 X NO	Subject was shot							
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, clfy) Stre		26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 800 blk. Bethu Road, Baltimore City, MD				Bethune ty, MD				
COMPLEIED	nord Proc	CIAN: To the best of my know R: On the basis of axamination) and manner as stated.			
מב	29b. SIGNATURE END STILE OF CENTIFIES				MBER 29d. DATE			SIGNED	(Month, Day, Year)				
٥	- Am	~	05)(6)		OCME	3			1-31	- 90			
		O COMPLETED CAUSE OF DE	ant		Street,	Balt	imore	, MD	212	01 vl			
	LER 02 1990 3	32 MEGISTRAR'S TO	ndesce										

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	do
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lid be detached for use as the burial-transit permit. Pages 1, 2, 3 should spital or attending physician. d at once. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner TO THE HOSPITAL OR ATTENDING PHYSICIAN: The

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
FEB 0 5 1990

32. REGISTRAR'S SIGNATURE

S BE COMPLETED BY FUNERAL DIRECTOR

FOR	TATE OF MADVI AND / D	EDADTMENT O	E MEALTH AND			
STATE REGISTRAR	STATE OF MARYLAND / D	RTIFICATE O		REG. NO	t .	
DECEDENT'S NAME (Figs. Middle, Last) ELLE	N ROSE	REE	5	2. DATE OF DEATH	7-90 YEAR	3. TIME OF DEATH
- 11 1	SEX 6. AGE (in yrs. last b	YRS. IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) () -30 - / 9	6. BIRT	NPLACE (State or Foreign
PACILITY NAME (If not institution, give street	and number).	96. CITY, TO	Himore		9c. COUNTY OF	DEATN
ESIDENCE OF DECEDENT	Tax production	10c. CITY, TOWN OR L				10d. INSIDE CITY
Ma		Baltin	ore			1 YES 2 NO
3115 Fair View	Road		101. ZIP CODE) 7	10g. CITIZEN OF	WHAT COUNTRY?
MARITAL STATUS 12 Never Married 2 Married Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If ye	DECENDENT OF NISPA s, specify Cuban, Maxico YES 2 NO Specific		Ble	CE - American Indian, cok, Whita, etc. city: Black
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	pleted) (Give	EDENT'S USUAL OCCUI kind of work done durin to NOT use retired.)		16b. KIND OF BU	I SINESS/INDUSTRY	2/00
FATHER'S NAME (First Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)	
HADIE ("Upo Print)	en :	3/15 ta	irvien	Royle Number, City or Tow Road	Baltu.	Md 2120
Burial 2 Cremation 3 Ramoval Donation 5 Other (Specify)	from State 20b. PLACE Of other place	Hoowly	Mem /	Birth Hr	butus,	Town, State
SIGNATURE OF FUNERAL SERVICE LICENS	Celmon	22. NAN	e and address of face (-	- H. W.	Wahas	6 the
N. PART I. Enter the diseases, or com shock, or heart feilure. List IMEDIATE CAUSE (Finel seese or condition suiting in death)	plications that caused the deal only one cause on each line.	gliosl	mode of dying, aud	ch as cerdlec or reap	Iretory arrest,	Approximate interval Batwee Onset and Deat
equantially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initieted events suiting in death) LAST	DUE TO (OR AS A CONSEQU		Flish	Doca	R	
ART II. Other aignificent conditions c	ontributing to death but not rea	uiting in the under	lying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	OSPITAL:	OTHER:	6. PLACE OF DEATH (C			
MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF 184	NJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCURED	
3 Suicide 6 Could not be 6 Nomicide determined	28a. PLACE OF INJURY — At hom building, etc. (Specify)	e, farm, street, factory,	office	281. LOCATION (Street City or Town, State)		I Route Number,
				d		
onel	N: To the best of my knowledge, dest on the bests of examination and/or im					o(a) and manner as stated.

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			In use as the burial-transit permit. Pages 1, 2, 3 should	
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200	BALTIMORE, MARY AMB 2 203-3146	after death. Page 6 may be retaine.	y the funeral director, page 5 should noval.	
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		YGIEN IEG. NO	
С	DECEDENT'S NAME (First, Middle, Last)		2. OATE OF O	DEATH DA	
	ETTEEN DORTHON	NT.	MONTH	- 5	ĭ

	1 - STATE REGISTRAR	SIAIE UF I		ERTIF	ICATE	OF	DEATI	H	MENIAL N	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) 2. (2. OATE OF OEATH			3. TIME OF DEATH			
	EILEEN ROBINSO					MONTH DAY			YEAB (950 DH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. les		st birthday)	IF UNDER	1 YEAR	IF UNDER 24	HRS.	7. DATE OF I			8. BIRTH	PLACE (State or Foreign	
	210 20 4425	1 □ M 2 ਤਿ F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	1/13	/ 20		Country	y)
	219-30-4435 9e. FACILITY NAME (If not institution, give si		/0		01 017V	TOWN!	R LOCATION	1.05.05		720		TTY OF DI	land
~									AIII		Sc. COUR	VIT OF U	EAIN
<u>ē</u>	Jenkins Memorial	Home				Ba1:	timor	e					
ပ္ပ	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
£	Maryland			١,	Balti	mor							LIMITS?
51	10e. STREET AND NUMBER				Jaili		ZIP CODE				10a CITI	ZEN OF W	HAT COUNTRY?
RA	1041 Parksley Ave					1 "	212:	2.2			-	U.S.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN U.C. AC	MED	42.1	40 0 DEC	_		IC ORIGIN? (S	and Ven			A . — American Indien,
교	1 Never Married 2 Married	FORCES? 1	YES 2 2		1	f yes, sp	ecity Cuban,	Mexican	, Puerto Rica		or No-	Black	White etc
'n	3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		1	YES	2) NO	Specify:			- 1	Specif	White
	15. DECEDENT'S EDU	CATION	16a Di	CEDENT'S	USUAL OC	CUPATIO	NA .		165 KI	ND OF BUS	INESS/INO		
	(Specify only highest grade	completed)	(0	live kind of Do NOT u	work done o	during mo	st of working		Tob. Kill	10 01 000		001111	
ا ڌ	Elementary/Secondary (0-12) Unknown	College (1-4 or 5	" L	omema	1202				1				
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		П	omema	ikei			-10	ME (First, Midd				
										•	surname)		
H	Charles Perkin	ison				_		nes	Hawk				
2	19a. INFORMANT'S NAME (Type/Print)								loute Number,		1-1-11	7.	
7	Milton Robinson								Balt	v			
	20a. METHOD OF DISPOSITION 1 1 Burlai 2 Cremation 3 Rem	oval from State	other p	lace)			netery, crema				CATION —		
	4 Donation 5 Other (Specify)		Lou	don 1			etery			Balt	timor	e, M	iaryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 1				D ADDRESS			- т.	_		
	Chiestor	- H. m	rles						al Hom				1. 21229
	23. PART I. Enter the diseasea, Dr o	Dmplicetione the	ot ceueed the d	eeth. Dp	not enter	the mo	de of dyin	g, auch	oa cerdiec	or reeple	retory err	eat.	Approximate
	shock, or heart failure. List only one ceuse on each line.												
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)												
	resulting in deeth) e. TWW JTW WM WN WN DUE TO (OR AS A CONSEQUENCE OF):												
		552 70	(OII AS A COURSE	.doenoe c	• 7.								
CERTIFICATION	Sequentially liet conditions, Due to (OR AS A CONSEQUENCE OF):												
F	if any, leeding to immediate cause. Enter UNDERLYING				- ,-								
윤	CAUSE (Disease or injury that initiated evente	c. DUE TO	(OR AS A CONSE	QUENCE C	F):								
E	resulting in death) LAST												
		d											
	PART II. Other aignificent conditione contributing to death but not resulting in the underlying ceuse given in Part I.						Part I. 24	art I. 24s. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
5								1	_ 1 _ YES 2 _ NO			COMPLETION OF CAUSE OF DEATH?	
삘													1 YES 2 NO
-									_				
¥	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DE	ATH (Che	ock only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4/1 Nur	₹: sina Han	e 5 🗆 Bee	Idence	8 🗆 Other (S	nec#v)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE O	FINJURY	28b. TH	E OF	28c. IN.	URY AT		28d. DESCR		NJURY OC	CURED	
	1 Natural 8 Pending	(Month, i	Day, Year)	IN	JURY M		YES 2 🗌	NO					
ВУ	2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street								ON (Street a	t and Number or Rural Route Number,			
	4 Homicide 8 Could not be determined	building	, atc. (Specify)						City or 1	own, State)			
	20a CERTIFIER		-										
AP.	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the ceuse(s) and menner as stated.												
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.												
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year)												
	Camante / Karrisk	CIN :					1)-	246	() /		> 2	$\frac{7}{2}$ $\frac{7}{3}$	3/10
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	SE OF DEATH (IT	EM 27) (Typ	e, Print)	1	/			,			1
	Eman) P 1KACT	uK 335	D WIL	ins A	re d	Zul 7	630	8	Bult	ThD	2/2:	29	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		-					12.00			
	FEB 05 199	10 July	AR'S SIGNATURE	andel	2								_

SOUTH THE STATE OF

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proceeding the hospital or attending physician.

The Hospital DR ATTENDING PHYSICIAN: The law requires that the death of the attending physician and completely filled in by the funeral modernal independent for use as the burial-transit permit. Pages 1, 2, 3 should

pare 5 mould be detached for us		intilified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral leads	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mean manifed at once.
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•	FOR	CTATE OF MADY	(LAND /	DEDAG	TRACNI		CALTIL	AND	ACMTAL 1	IVOIEN		20	0211
	1 - STATE REGISTRAR	STATE OF MARY					DEAT			REG. NO.	Ŀ		
	1. DECEDENT'S NAME (First, Middle, Last) FRANK J. RMO	UTIL							2. DATE OF MONTH	DEATH DA	1/9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-05-5135	5. SEX 6. AG	E (In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF	BIRTH 0/43°/	03	Country)	LACE (State of Foreign
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	, TOWN C	R LOCATION	ON OF DE	ATH		9c. COUN	TY OF DEA	
OR O	CHURCH HOSPIT	AL CORPOR	CAION		BA	LTI	10RE	CI	TY				
DIRECTOR	10e. STATE 10b. COUNT	v timore		10c. CITY, TOWN OR LOCATION								- 1	IOd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					10f	. ZIP COD	E				ZEN OF WH	IAT COUNTRY?
FUNERAL	1300 WINDLASS				-			122	_			SA	
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 YES, GIVE WAR OR DATES								14. RACE - Black, Specify:				
g (15. DECEDENT'S EDU	ICATION	1Se. DEC	EDENT'S	USUAL O	CCUPATIO	ON		18b. KII	ND OF BUS	SINESS/IND	USTRY	White
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5 +)	(Gh	e kind of Do NOT u	work done se retired.)	during mo	at of working	ng					
MPL				Ca	arper	nter					d Dry	dock	
8	17. FATHER'S NAME (First, Middle, Last) Unknown						18. MOT		ME (First, Midd	tle, Maiden	Sumame)		
BE	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	S (Street a	nd Number		Route Number,	City or Tow	n, State, Zip	Code)	
70	Theresa Steele			3 B:	ridge	evie	w Cou	irt]	Baltim	ore,	Mary	land	21236
	20e. METHOD OF DISPOSITION XX ☑ Buriel 2 ☐ Cremation 3 ☐ Rem	noval from State	20b. PLACE C	ce)					·			City or Tow	• 1240.000
	4 Donation 5 Other (Specify)			Par			emet e			В	altin	ore,	Maryland
		unical H			22.	740.	l Be	lair	Rd.				
									Maryla				
	23. PART I. Enter the diseases, or ahock, or heart failure.				not entai	r tha mo	da or dy	ing, suc	n aa cardiad	: or respi	ratory arr	est,	Approximata Interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	LIVER I	FAILU	RE									- Onsot and significant
	,	DUE TO (OR A	S A CONSEC	UENCE C	OF):								
NO.	Sequentially list conditions,	DUE TO (OR A	S A CONSEO	UENCE C	OF):		-						
CAT	If any, leeding to immadiate cause. Entar UNDERLYING CAUSE (Disease or injury	c											
TIF	that initiated events	OF AUG	S A CONSEO	UENCE O	F):								
CERTIFICATION		d											1
_	PART ii. Other aignificant conditio	ns contributing to deet	but not re	auiting	in the u	nderlyin	g cause	given in	Pert i. 24	Ia. WAS AN PERFOR		7	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA									1	YES 2	□ NO	- '	COMPLETION OF CAUSE OF DEATH?
									-				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						ACE OF D	EATH (Ch	neck only one)				
rsic	EXAMINER? 1 YES 2 NO	HOSPITAL:	Putpatient 3	□ DOA	OTHE 4 - Nu		e 5 □ R	esidence	8 Other (S	Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yea		28b. TII IN	ME OF JURY M	WC	URY AT ORK? YES 2 [□ NO	28d. DEŞCR	IBE HOW I	NJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUDUISHING, etc. (S	JRY — At hor Specify)	ne, farm,	atreet, fac	tory, offic	•		28f. LOCATI City or	ON (Street of Town, State)		or Runal Ro	oute Number,
<u>-</u>	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my ki	nowledge, de	ith occur	red at the	time, date	end place	end due	to the cause	(e) end me	Oner es stat	led.	
COMPLETED	one) 2 MEDICAL EXAMIN	ER: On the basis of examina					leath occu	red at the	time, date en				end menner ee stated.
BE		Elem	M.		-	ZEM	29c. LIC	17	3 2 ;	2	29d. DAT	E SIGNED	Month, Day, Year)
욘	30. NAME AND ADDRESS OF PERSON WI				e, Print)								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE										
	FEB 05 1990	Julia Davids	on Alan	LE									

BALTIMORE, MARYLAND 21203-3146	. From the second by the hospital or attending physician.	at setting have smould be detached for use as the burial-transit permit. Pages 1, 2, 3 should	iner must be natified at once.
BALT	after death	by the fune moval.	ical exam
	Nonce	by filled in lation, or re	the med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral mental manual be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 70 buriar after health with the State Deut of Health and Mental Hydiene prior to burial, cremation or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR	C	ERTIFIC	AIE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Lest)	Spen	cer				0 90	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 5. SEX 13-05-8 466 132 M 2			UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coe	Se C.
90. FACILITY NAME (If not institution, give street and numi Granada Nu GING RESIDENCE OF DECEDENT	Home	96	Bala	R LOCATION OF DE	ZY	9c. COUNTY OF	F DEATH
10e. STATE 10b. COUNTY			OWN OR LOCAT		,		10d. INSIDE CITY LIMITS? 23 2 YES 2 NO
100. STREET AND NUMBER 1125 NORTH CAROLINI	E STREET			21213		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	CEDENT EVER IN U.S. A 37 1 YES BOO GIVE WAR OR DATES	RMED	If yes, sp		HIC ORIGIN? (Specify Yon, Puerto Rican, atc.)		ACE — American Indien, leck, While, etc.
15. OECEOENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th Grade	4 or 5+)	Give kind of work	done during mo tired.)	st of working		JSINESS/INDUSTRY	1
17. FATHER'S NAME (First, Middle, Last)			HEN D		ME (First, Middle, Maide	n Cumamal	
FLADGER SPENC	TFR			LILLIE	2.9		PHEY
19. INFORMANT'S NAME (Type/Print)		Oh. MAII ING AO	DRESS /Street -		Route Number, City or To		
PERRY SPENCER					NE ST/BA		
20s. METHOD OF DISPOSITION 1/2 Buriel 2 Cremellon 3 Removal from St 4 Donallon 8 Other (Specify)		place)	11.11.11.11.11.11.11	netery, cremetory or $CEMETE$		OCATION — CHY OF $INE \ ARU$	NDEL CO, M
21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ID ADDRESS OF FA			NORTH AVE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	EQUENCE OF):	1th	alf d	ulase		
resulting in death) LAST	Keur	ent	UR	o seps	SUL		
PART II. Other algolificant conditions contributed to the contributed of the conditions contributed to the contributed to the conditions conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions conditions contributed to the conditions contributed to the conditions contributed to the conditions contributed to the conditions conditions contributed to the conditions conditions contributed to the conditions co	,	resulting in t	ha underlyin	4	PERFO	ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (CA	eck only one)		
EXAMINER? 1 YES 2 NO 1 Input le	AL: int 2 - ER/Outpatient		THER:		8 Other (Specify)		
27. MANNER OF DEATH 28e. D	ATE OF INJURY fonth, Day, Year)	28b. TIME O	F 28c. IN.		28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	LACE OF INJURY AI I	home, farm, stre			281. LOCATION (Stree City or Town, Stat	t end Number or Rui e)	ral Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To like one) 2 MEDICAL EXAMINER: On the bar							se(e) end manner ee stated
296. SIGNATURE AND TITLE OF CERTIFUER				29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)
mass letre	en/			1 183	27	D 2	1.190
30. NAME AND ADDRESS OF PERSON WHO COMPLETE	EO CAUSE OF DEATH (IT			mol	2122	9	
FEB 05 1990	GISTRAR'S SIONATURE	W.					* .

	REGISTRAR	C	ERITE	CALE	F DEATH	REG. NO),		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	PAYO Y	3. TIME OF DEATH	
	NOVA D. SAGGESE				,	MONTH 2-04-	_	7:00A M	
	4. SOCIAL SECURITY NUMBER 5. SE 222-07-5596 1 □	8. AGE (In yrs. II M 2 X F 69		MONTHS DAY		7. DATE OF BIRTH 03-06-20	6. N	BIRTHPLACE (State or Foreign Country) Carolina	
	9a. FACILITY NAME (If not institution, give street and			9b. CITY, TOW	Y OF DEATH				
DIRECTOR	GREATER BALTIMORE	MEDICAL CENT	ER	Tows	on	Baltimore Co.			
<u>n</u>	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?	
a	Maryland		Baltimore				MXYES 2 NO		
A	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
띫	3016 Westfield Av	re.			21214		U.S	.A.	
FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. A DRCES? 1 \(\text{YES} \) 2 \(\text{X} \)	ARMED NO	If yes.	ECENDENT OF HISPAN specify Cuban, Maxical	n. Puerto Rican, etc.)	e or No-	4. RACE — American Indian, Black, White, etc.	
B		YES, GIVE WAR OR DATES		1 🗆 1	ES 2X XNO Specify			Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	ted)	(Give kind of w	USUAL OCCUPA	TION most of working	18b. KIND OF BU	JSINESS/INDUS	STRY	
9	Elementary/Secondary (0-12) Colle	rge (1-4 or 5+)	ife. Do NOT use	e retired.)			,		
MP	12 Years	C	leric	cal		Telep			
8	17. FATHER'S NAME (First, Middle, Last)				100	ME (First, Middle, Malde		Cheek	
BE	Mack F.		can		Lizzi				
ဝ	19a. INFORMANT'S NAME (Type/Print)	1			et and Number or Rural I			71714	
	Catherine S. McGe							Maryland ty or Town, Stata	
	1 Buriel 2 Cremation 3 Removal fr	om Stata other	place)		emetery, cremetory or			re,Maryland	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1///		WI I	AND ADDRESS OF FA	Johnson	P.A.,	Funeral Home	
	11/1/2000	3/4/						son, MD21204	
CERTIFICATION	shock, or heart feilure. List o IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST	CARDIO RESPI DUE TO (OR AS A CONS CACHEXIA DUE TO (OR AS A CONS METASTATIC (IRATOR SEQUENCE OF SEQUENCE OF COLON	CANCER	ST			Interval Between Onset and Death	
	d								
PHYSICIAN: MEDICAL	PART II. Other significant conditions con	tributing to death but no	t resulting i	n the underl	/ing ceuea given in	Part I. 24a. WAS A PERF(24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL				PLACE OF OEATH (Ch	eck only one)			
SIC		PITAL: Inpatient 2 - ER/Outpatient	3 🗆 DOA	OTHER:	lome 5 🗆 Residenca	8 Other (Specify)			
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCU	IRED	
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, s	street, factory, o		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	(Codex only	To the best of my knowledge, the basis of examination and/						d. cause(a) and manner as stated.	
BE	299. AGNATURE AND TITLE OF CERTIFIER	rom r	11)		D 38	363	29d. DATE ▶ 2	SIGNED (Month, Day, Year)	
TO	NAME AND ADDRESS OF PERSON WHO CON FRANCES CO GRA	SSO M. 1			. 6701 NO	RTH CHARL	ES STR	EET	
		SO REGISTRAR'S SIGNATURI DEWY OLSON— Mandales							

	Pages		
	permit.		
PHYSICIAN: The law requires that the death certificate be executed within a most of a milk of the retained by the requires that the death certification.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained in the turial-transit permit. Pages 1,		
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Deam.	funera		ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 27208-1146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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31. DATE FILED (Month, Day, Year) 5 1990

THE FUNERAL DIRECTOR: After I filed within 72 hours after death E 60 28 TO THE HOSPITAL DR ATTR
TO THE FUNERAL DIRECTO
be filed within 72 hours aff
IMPORTANT: If Item 28

90 02720 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LTON Jummer -10 7. GATE OF BIRTH (Month, Pey, Year) 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign Country) JE UNDER 24 HRS. DAYS 1 M 2 D F HOURS YRS. 9a. FACILITY NAME (If not institution, give street and num 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH nrth Yru Nde DIRECTOR urvie RESIDENCE OF DECEDENT 10a. STATE 10b. COU 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED ANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, 1 ☐ YES 2 ☑ NO Maxican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced a COMPLETED 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY cify only highest grade comple ry (0-12) College (1-4 or 5 +) 1906 BE 0 Mib. PLACE OF OIS FUNERAL SERVICE LICEN 23, PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory strest, Approximata ahock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final Myocardial disease or condition OUT TO (OR AS A CONSCOUENCE OF): reaulting in death) D PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO OF CEATH? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Rasidence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 26a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF GEATH 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCUREO 8 Pending Investigation 1 M Natural 1 YES 2 NO BY Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY --- At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. IUGNATURE AND TITLE OF CERTIFI 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) H Come Deputy

THIS COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32 DEGISTRAR'S SIGNATURE, Davidson - Handale

3/6

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9	1. DECEDENT'S NAME (First,		Cababas	_						2. DATE OF E	DAY		YEAR	3. TIME OF DEATH
	Sr. M. Ro									4	4			
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	- 1	IF UNDER	1 YEAR DAYS	HOURA	MIN.	7. DATE OF 8 (Month, De) 11/2	WATH		Country	PLACE (State or Foreign
	220-54-83		1 - M 2 - F	85	YRS.						5/04			land
_ 1	9e. FACILITY NAME (If not in:		treet end number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE	ATH		9c. COUN		
DIRECTOR	Mercy Vil	la										Bal	time	ore
2	RESIDENCE OF DEC	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY					
Ĭ	MD		121 - 4						LIMITS?					
_ #	10e. STREET AND NUMBER		timore		_		101	ZIP COD	E			10a. CITIZ		HAT COUNTRY?
FUNEHAL	6806 Bel	lona	Avenue					212	212				USA	
ξľ	11. MARITAL STATUS	Lona	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. \	MAS DEC			IC ORIGIN? (S	pecify Yes			- American Indian, White, etc.
	1 Never Merried 2		FORCES? 1 IF YES, GIVE WI		SNO				on, Mexicos Specify	n, Puerto Rican	i, etc.)		Specifi	
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3	17. FATHER'S NAME (First, M		. 1							ME (First, Middle				
N N	Joseph H		oberg							ndena				
5	190. INFORMANT'S NAME (7)			1						Noute Number, C				2
	Sr. M. B				-					Balto			1212	
	20e. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLAC other	e of dispos Diago) Lawn	O O	me of cer	metery, cres	matory or			Ltim		
	4 ☐ Donalion 5 ☐ Other 21. SIGNATURE OF FUNERA		CENTRE	I WOOL	ILawi				SS OF FAC	OH ITY	рал	LLLIII	ore.	, MD
		Q									Fune	eral	Hor	ne, PA
	Juli	~ ~	telas	5		7	36	Edmo	onds	on Av	e/Ba	alto	. M	21228
- 1	23. PART I. Enter the di ahock, or he		complications that List only one cau			ot enter	the mo	de ot dy	ing, sucl	h ss cerdiac	or respir	atory arre	est,	Approximate interval Between
	IMMEDIATE CAUSE (Fir					D / A		0	10	11-1-11	44.4	Λ		Onset and Deat
	disease or condition reaulting in death)	→	. FA-	TAL	CAK	מיע	_	H	1616	אויןא	MI	4		
ŀ				OR AS A CONS			c 7 .	()	10M	C				
S	Sequentially list conditi	lons,	b											1
¥	if any, leading to imme- cause. Enter UNDERLY	diate ING	A THEN	OSCLI	101	r):	0.0	100	(AA	Y AI	1121	7	2)4	EB3E
CERTIFICATION	CAUSE (Disease or inju- that initiated events	iry 🖥		OR AS A CONS			-	- 1						+
	reaulting in death) LAS	T T	2											
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AL	PART II. Other algnifica		ns contributing to								PERFORE		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL		11(12 12	110 075 2	2427		1 1/10	2 0	7	(, ,	10	YES 2	NO		COMPLETION OF CAUSE DF DEATH?
ĭ										_				1 🗌 YES 2 🗍 NO
Z			1											
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF I	DEATH (Ch	eck only one)				
2	1 YES 2 NO		1 Inpatient 2		-			- 4	lesidence	6 Other (Sp		MIRW AT	NIBER .	
	<u> </u>	Pending	28a. DATE OF (Month, D	iy, Year)	28b. TIM	URY	WC	JURY AT	T NO.	26d. DESCRI	BE HOW IN	JUNY OCC	URED	
BY	2 Accident	Investigation	28a BLACE O	F INJURY — At	home from			YES 2	NO	281, LOCATIO	M /Ctanat as	nel Alumbas	or Privat D	nute Mumber
		Could not be determined	building,	atc. (Specify)	nome, term,	street, laci	югу, отн				wn, State)	na Number	or nurai n	oute Number,
- 1	200 CERTIFIER 3													
COMPLE	and and		ICIAN: To the best of											
į	2 MED	EXAMINE	ER: On the basis of e	amination and/o	or investigation	on, in my c	opinion, o	Seath occu	ared at the	lime, date end	place, end	dus to the	e cause(e	end manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	1	0	Li ·				ENSE NUI	-		29d. DATE	SIGNED	(Month, Day, Year)
	Joseph S	· M		rgelp	11.	· (316				- 5-1990
_	JOSEPH I	F PERSON W	O TARA	OF DEATH (I	TEM 27) (Type	Print)	, 3	01	57.	PAUL	PLI	306.	- R	ALTIMOA
	31. DATE FILED Month, Day, FEB 05	, ,	- / - / - / - /			, - ,							-	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 -DIRECTOR 10a. STATE FUNERAL BY

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ARYLAND 21203-3146

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARILYN 0:15 SLOFSKY 30 C M DP 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 5 SEY MONTHS DAYS HOURS MIN. 112 28 2442 1 M 2 XF 54 July 19,1935 New 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10d. INSIDE CITY X LIMITS? 1 YES 2 NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION Puerto Rico Cieba 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 9-B American Circle 00635 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 24 NO Specify: 1 Never Married 2 Married White 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 8+) Homemaker Home COMPL 18. MOTHER'S NAME (First, Middle, Malden Surname)
Catherine Weiss 17. FATHER'S NAME (First, Middle, Last) William Hockman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Herbert Slofsky Same as #10 Calvertor, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METHOD OF DISPOSITION
1 ☑ Kurial 2 □ Cremation 3 □ Removal from State National Cemetery NY 4 ☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. TVes Pearson Funeral Homes Falls Church, Va. 22046 nter the alseese, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate Interval Betwe lock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition INDURIES SEVERE MULTIBLE resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1X PYES 2 □ NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 Nurs ing Home 5 - Residence 8 - Other (Specify) DATE OF INJUN. (Month, Day, Year) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED S 43 PM 1 Netural Pa STRUCK 5 Pending 1 YES 2 NO auto BY 2 Accident Investigation 28e. PLACE OF INJURY -- At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined ETED ing, etc. (Specify) CUD 4 Homicide BRIDGE DONES 29s. CERTIFIER (Check only one)

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 29b. SIONATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) and 8218WISCONSIN DX auber DUR BeThesda nre 31. DATE FILED (MOTING Day, Year) 32 REDISTRAB'S SIGNATURE
Grune Davidson-Randelle

n by the fremoval. filled in by n and completely fille to burial, cremation, executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, the attending physician Mental Hygiene prior to been signed by pt. of Health and 3 shows any la has be Dept. AMP. The After this certificate hadeath with the State D sarked, or item OR ATTENDING PHYSICIAN:

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deating PORTANT: If item 28 is m 0

DR ATTENDING After

TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT; If II HOSPITAL

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James Kaplan,

Assistant 2. REGISTBAR'S SIGNATURE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH W. YEAR Jerry Surber 10:05 P M 90 30 4. 214-96-8363 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 24 219 96 8363 MD. 1 X M 2 - F NOV.9,1965 Sa. FACILITY NAME (If not Institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? GAITHERSBURG MONTGOMERY MD. 1 X YES 2 NO 10a STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 205 LEE ST. USA 20877 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicon, Puerto Ricon, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2: 1 Never Married 2 Merri Specify: WHITE 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) AUTO BODY PAINTER 0 17 FATHER'S NAME (First Middle Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) CHARLES E. SURBER FRANCES MARY ALEXANDER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)
SAME AS # 10 2 CHARLES E SURBER 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) on 3 - Ramoval from State © Burial 2 ☐ Cremation 3 ☐
4 ☐ Donation 5 ☐ Other (Specify) PARKLAWN CEMETERY ROCKVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME Jurie 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 208\$2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between **Onset and Deeth** IMMEDIATE CAUSE (Final disease or condition resulting in death) Shotgun and gunshot wounds DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION DF CAUSE 1XXYES 2 | NO DE DEATH? 1X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investiga 7:40 PM 1-30-90 1 TYES 2 XNO Subject was shot BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Rt. 28 & RIFFLEford 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED XXX Homicide Mont. street Darnestown, MD 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner so stated. 2 💹 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner as stated. D. HTTE OF CEMPINE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME 1 - 31 - 902 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, MD vl

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and the major temper

•	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT	OF HE	EALTH /	AND M	ENTAL HYGI			
	1. DECEOENT'S NAME (First, Middle, Lest)			.0/11 =				2. DATE OF OEAT	Н		3. TIME OF OEATH
	HELEN LAUGHLIN SMI	TH					-	01 - 28	_ 199	YEAR	2:40 P.M. M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yr:	s. last birthday)	IF UNDER 1		IF UNDER 2		7. DATE OF BIRTH (Month, Day, Yea			PLACE (State or Foreign
	214054694	□ M 2 🟋 78	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb. 22	,1911		vland
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, 1	TOWN OF	LOCATIO	N OF DEA	тн	9c. COL	INTY OF DE	
DIRECTOR	SACRED HEART HOSPI	TAL		Cum	berl	.and		ALLEGANY COUNT			
E I	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OF	OR LOCATION						10d. INSIDE CITY LIMITS?
8	Md. Allega	any	West	ternp	ort						1 X YES 2 NO
4	10e. STREET AND NUMBER				_	ZIP COOE			10g. CI1	IZEN OF W	HAT COUNTRY?
FUNERAL	110 Potomac St.				2	1562				U.S.	A
5	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2						C ORIGIN? (Specify Puarto Rican, atc.			- American Indian, White, stc.
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES				2 NO		rugilo riceli, atc.	,	Specif	у:
	X	ou I						T		1	White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade com	npleted)	(Give kind of life, Do NOT us	work done di	uring mos	N t of working	,	18b. KINO OF	BUSINESS/IN	OUSTRY	
7		college (1-4 or 5+)		-		. da aa		Colo	nese C	om /	
N N	1.Z BUS. 17. FATHER'S NAME (First, Middle, Last)	iness School	Sta	aff S	ecre			E (First, Middle, Ma		orb/	
ŏ	Charles E. Laughl	in						. McMil			
BE	19a, INFORMANT'S NAME (Type/Print)	211	19b. MAILING	ADDRESS	(Street an			oute Number, City or		ia Code)	
2	Mr. Jerome Laffey		222 1	Rock	St.	West	ernp	ort, Md	2156	2	
	20a. METHOD OF DISPOSITION	20b. PL	ACE OF DISPO						LOCATION -		wn, Stale
	1 Burial 2 Cremation 3 Removal		omac Me	emori:	al G	arde	ns	1	Keyser	. W7.7	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	seria A	0.1.00			D ADORES		ILITY	NC TOCI		
	william H Fire	Macie				_					
	William H. Fred. 23. PART I. Enter the diseases, or com		e death Do					iedmont			Approximata
	shock, or haart fallure. List	only one cause on each	Hna.						ospiratory a		Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Vauliculeur OUE TO (OR AS A CO DIE TO (OR AS A CO	1.0	10							Offiset and Death
	resulting in death)	OUE TO (OR AS A CO	NSEQUENCE O	HULLA F):	com						<u> </u>
_		D. 0-0.1	Ca		m	unr	w.	etu			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE O	F):	~	00	P	1			
S	cause. Entar UNDERLYING CAUSE (Disease or Injury										
E	that initiated events	DUE TO (OR AS A CO	NSEQUENCE O	F):							
H	reaulting in daath) LAST							<u> </u>			
	PART II. Other significant conditions of	ontributing to death but	not resulting	in the und	dariying	cause g	iven in F		S AN AUTOPS	24b.	WERE AUTOPSY FINDINGS
MEDICAL	Rossiantore	friling	- c.	4.5		20000			REPORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
<u>E</u>	4 5 6 170		alco		-			_ ' ' ''	S 2 NO		OF DEATH?
Σ	2014215	11 6000	20	- Comment	1.		10. 1	1/-			1 1E3 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	ou coure	9/	-cua	26. PL	ACE OF OR	ATH (Che	ck only one)			
SIC	EXAMINER?	OSPITAL:	nt 3 DOA	OTHER		6 🗆 Res	aldence 6	3 ☐ Other (Specify,			
H	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIR	AE OF	26c. INJL	JRY AT		26d. DESCRIBE H		CCUREO	
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	- IN	JURY	WOI	ES 2	NO				
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, facto	ory, office			26f. LOCATION (St City or Town,		er or Rural F	Route Number,
COMPLETED	4 Homicide detarmined	sunding, sec. (opecny)						Only or rown,	лану		
J'E	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledg	ge, death occur	red at the tir	me, deta	and placa,	and dua t	to the cause(a) and	menner as s	ated.	
M	(Check only one) 2 MEDICAL EXAMINER: C	On the basis of examination ar	nd/or investigati	on, in my of	pinlon, de	eath occur	ed at the t	ime, data and plac	a, and dua to	the cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	\sim				29c. LICE	NSE NUM	BER	29d, D/	TE SIGNED	(Month, Day, Year)
BE	C-2.V	ween!	miD			DI	74	74	•	1/30	0/90
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Typ	e, Print)		- /	1 /	1 1		1	110
		09-B SETON D			BERT.	AND,	MD	21502			
	31. DATE FILEO (Ment) - Day (Year)				, and CLUE	,	111/	-1302			
	LEB 02 1990	32. BEGISTRAR'S SIGNATU	- Gandell	2							

r page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should nay be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after that the certificate has been signed by the attending physician and completely filled in by the manual dispersions 5 should be detached be filed within 72 hours after death with the State Bept. of Health and Mental Hygiene prior to burial, cremation, or removal and the state Bept. of Health and Mental Hygiene prior to burial, cremation, or removal marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

RE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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must be notified at once.

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ı	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 :: Juns are	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed by the attending physician and completely filled in the signed physician and completely filled in the signed by the signed by the signed physician and completely filled in the signed physici	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or reserve	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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DECEDENT'S NAME (First, Middle, Last)			ANTAI		AT 7017	2. DATE	OF DEATH	, ,	0.031	3. TIME OF DEATN
NAKI			ANN		AVOY	-				FOUND: 1-22
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	-	ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	25/89	8.	Country	PLACE (State or Foreign ryland
e. FACILITY NAME (If not institution, give	street and number)		-	b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY		
4681 Crain Hwy				Upper	Marlboro			Princ	ce G	eorges Cour
DB. STATE Md. 10b. COUNT	P.G.			TOWN OR LOCA Distri	ict Hei	jhts				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
De. STREET AND NUMBER						J.S				
I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	T EVER IN U.S. A YES 2 2 WAR OR DATES			PANIC ORIGIN? (Specify Yea or No— 14. Ican, Puarto Rican, atc.)				Black Black		
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		S	Give kind of works. Do NOT use	SUAL OCCUPAT rk done during m retired.)	FION nost of working	181	b. KIND OF BUS	None		
7. FATHER'S NAME (First, Middle, Lest)	hillip (wens			18. MOTHER'S NA		Middle, Malden S		тоу	
Gwendolyn	M. Savoy				t and Number or Rural # 10 abo		nber, City or Town	, State, Zip Co	ode)	
0a, METHOD OF DISPOSITION Burial 2 Cremation 3 Rec Donation 5 Other (Specify)	moval from State			Nem .	emetery, cremetory or Park			ndove		
1. SIGNATURE OF FUNERAL SERVICE L	ICENSIE	1		T						
Jany	n.	5/ra	o	492	S.Washii 25 Burr	ough	s Ave	.,N.E	₹.	
23. PART I. Enter the diseases, or shock, or heart failure MMEDIATE CAUSE (Final disease or condition esulting in death)	a. ACUTE A	use on each lin	ne. NIC BR	492 t antar tha m	25 Burro	ough	s Ave	.,N.E	₹.	Approximate Interval Between Onset and Death
23. PART I. Enter tha diseases, or shock, or heart failura MMEDIATE CAUSE (Final disease or condition	a. ACUTE ADUE TO b	ND CHRO	NIC BR EQUENCE OF):	492 t anter tha m	25 Burro	ough	s Ave	.,N.E	₹.	Approximate Interval Between
23. PART I. Enfer tha diseases, or shock, or heart failure shock, or heart failure disease or condition resulting in death) Sequentially liet conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. ACUTE AIDUE TO b. DUE TO c. DUE TO d.	ND CHROLOGO COR AS A CONSI	NIC BR EQUENCE OF): EQUENCE OF):	492 t anter tha m	25 Burre	ough	s Ave	autopsy	24b.	Approximate Interval Between
23. PART I. Enfer the diseases, or shock, or heart failure MMEDIATE CAUSE (Final disease or condition esuiting in death) Sequentially liet conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions.	a. ACUTE AIDUE TO b. DUE TO c. DUE TO d. DUE TO HOSPITAL:	ISE ON EACH III ND CHRO (OR AS A CONSI (OR AS A CONSI (OR AS A CONSI OR AS A CONSI OR AS A CONSI	NIC BR EQUENCE OF): EQUENCE OF):	t antar tha m ONCHIT	25 Burre noda of dying, such IS	Part I.	24a. WAS AN PERFOR	autopsy	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
23. PART I. Enfer the diseases, or shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart shock, or h	a. ACUTE ADJUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DOE CONTRIBUTING TO DESCRIPTION TO THE PROPERTY OF THE	ISE ON EACH III	NIC BR EQUENCE OF): EQUENCE OF):	t anter the m ONCHIT the underlyle 26. I OTHER: Norsing Ho RY 28. II ONCHIT	25 Burre	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
23. PART I. Enter the diseases, or shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart shock and the shock of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? XEXTES 2 \(\triangle \trian	a. ACUTE AIDUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2 28e. DATE OF	ISE ON EACH III	POURICE OF: EQUENCE OF: EQUENCE OF: FOURICE OF: TOURNOTE OF: 20b. TIME INJUI	t anter the m ONCHIT the underlyle the underlyle OTHER: Nursing Ho Nor 28c. II	25 Burre noda of dying, such IS IS Ing cause given in PLACE OF OEATH (Commo 5 X Mandance NUMBY AT WORK? YES 2 \(\) NO	Part I.	24a. WAS AN PERFORM 24a. WAS	AUTOPSY MED?	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
23. PART I. Enfer the diseases, or shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock, or heart failure shock or heart shoc	a. ACUTE AND DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE	ISE ON each III ND CHRO (OR AS A CONSI (OR A	POURICE OF): EQUENCE OF): EQUENCE OF): Tresulting in 28b. Time INJUI home, farm, str	t antar tha m ONCHIT the underlyle 26, i OTHER: i Nursing Ho OF 28c. if RY M 1 reet, factory, off	25 Burre noda of dying, such IS ing cause given in PLACE OF OEATH (Come 5 X 2 and dence NJURY AT VORK? YES 2 NO fice	Part I. B Oth 28d. DE	24a. WAS AN PERFORM 25a. WAS AN PERFORM 25a. WAS	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b.	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O

FEB 051990

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	NCISKIA -	T			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		in yrs. last birthday)		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Cou	THPLACE (State or Foreign intry)
	9a. FACILITY NAME (If not institution, give stre HOME WOOD H RESIDENCE OF DECEDENT	OSPITAL	9	BAL	LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY			OWH OR LOCATION				10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO
	3102 ROSEK				212	14	OKRA) NG	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, speci		NIC ORIGIN? (Specify Yes o in, Puerto Ricen, etc.) y:	No— 14. RA Bla Sp	ACE — American Indian, ack, White, etc.
	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)		life. Do NOT use n	done during most	of working	16b. KIND OF BUSIN	IESS/INDUSTRY	
COMILE	17. FATHER'S NAME (First, Middle, Last)		G ZIII	- T		ME (First, Middle, Melden Su	rname)	
	190. INFORMANT'S NAME (Type/Print) ANNA MILCZAK	DWSKVT	19b. MAILING AT	BOX 37	2 4	Route Number, City or Town,	State, Zip Code)	1
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ramon 4 Donation 5 Other (Specify)	208	other place) T Mic Ital		tery, crematory or		TION — City or	Town, Stata MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	h. Deur	ell	LILLY	ADDRESS OF FA	LER, INC.	FUNER	PAL HOME DMD 21231
	23. PART I. Epist the diseasea, or contained by the conta	Termiv	ech line.			Has cardled or respira		Approximata Interval Between Onset and Death
	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	Ble	edin	g due +	0 1	
ENTINATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
MEDICAL C	PART II. Other algnificent conditione	contributing to death b	out not reaulting in	the underlying	cause given in	Part I. 24a. WAS AN AN APERFORM 1 YES 2	ED?	Ab. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN		HOSPITAL:		THER:	CE OF DEATH (Cf			
- 1	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJUI	RY AT	dence 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO		
ובה הו	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe-	f — At home, farm, stre	et, factory, office		281. LOCATION (Street and City or Town, State)	d Number or Run	al Route Number,
COMPLE	one)	IAN: To the best of my know						e(e) end menner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIER R. Show	C.W.			29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pi	int)				

DHMH-18 Rev 1/89

五 五 5 5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 near TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	OR ATTENDING PHY DIRECTOR: After this hours after death wi Item 28 is marke	Witer this leath with marked	SICIA!	V: The cate ha	law as be bept.	requires sen signi of Healt	that the bad by h and h and in	the ath Menta Menta	endin Hyg	g physiene pr	be exectician and rior to bu	uted with comple inial, crea	hin 24 tely fill mation t, the	ed in by or remo	er death. I the funeral val.	directo	E 18
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31. DATE FILED (Morith, Day, Year) FEB 05 1990

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
		of DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 8. AGE (In yrs. lest birthdey) 9. AGE (In yrs. lest birthdey	AND
TOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 97. COUNTY OF DEATH 98. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH 90. COUNTY OF DEATH	
- DIRECTOR		TS? S 2 NO
FUNERAL	100. STREET AND NUMBER 7 SUDB FOOK LIGHTS 101. ZIP CODE 101. ZIP CODE 102. CITIZEN OF WHAT COULD 103. CITIZEN OF WHAT COULD 104. CITIZEN OF WHAT COULD 105. CITIZEN OF WHAT COULD 106. STREET AND NUMBER 7 SUDB FOOK 107. CITIZEN OF WHAT COULD 108. CITIZEN OF WHAT COULD 109.	
BY	11. MARITAL STATUS 1 WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — Americ 14. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — Americ 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 16. PROCES? 1 YES 2 NO Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Collage (1-4 or 5+) 12. 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. bo NOT use refired.) BUYER 16b. KIND OF BUSINESS/INDUSTRY (Give kind of working life. bo NOT use refired.) BUYER	WEAR
BE COM	17. FATHER'S NAME (First, Middle, Lest) JACOB TABAK 18. MOTHER'S NAME (First, Middle, Malden Surname) BER'THA HARONSON TABA	AK
TO B	196. INFORMANT'S NAME (Type-Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 3501 Seven Mile La Batt. MD 21.	208
	20e, METHOD OF DISPOSITION 1	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE PRICHARD PARENULLY 1100 REISTERSTOWN RD-BALT. MD. 2120	INC -
	ehock, or heert fellure. List only one ceuee on each line. IMMEDIATE CAUSE (Finel dieeese or condition	proximete erval Between set end Death
CERTIFICATION	reculting in deeth) Due to (or as a consequence of): Sequentielly liet conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events reculting in deeth) LAST Due to (or as a consequence of): C	
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO OF DEATH	TOPSY FINOINGS LE PRIOR TO TION OF CAUSE H? S AND NO
SICIAN	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 27 NO 1	
ву рнуз	27. MANNER OF OEATH Natural 5 Pending	
ETED B	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, tectory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route Number of Rural Route Number or Rural Route Number	ber,
COMPLE	29a. CERTIFIER (Check only one) MICOCAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) and menner ee stated. MICOCAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and man	nner as stated.
TO BE C	296. LICENSE MUMBER 296. LICENSE MUMBER 296. LICENSE MUMBER 297. DATE SIGNED (Month, D	Pay Mear)
F	30. HAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print). HASSMAN SINAI HOSPITAL BALTO 2126	5

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page the property of the lost	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director country is thought be detected to the design of the funeral director country.	De filed Wittin 12 hours aret death with the State Dept. Of regularing when any order, content, content, or removes. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Certi	ding	10
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CA	Sertifi	6
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AL O	40	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SPIT	INER	N H
Æ H(作用	HA W
10 T	2	De filed Within 12 hours after beath with the state begin, or regul and mental hypothe prior to outset, demandin, or ferrows. IMPORTANT: If I tem 28 is marked, or I tem 23 shows any Injury, or other traumatic event, the medical ex

31. DATE FEB 0 5 1990

32. REGISTRAR'S SIGNATURE

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MEN.		GIEN	E			
	1. DECEDENT'S NAME (First, Edward A	Middle, Last) nthon	y Tomal	Lovitz							ATE OF DE	ATH DA		YEAR	3. TIME OF	OEATH M
	4. SOCIAL SECURITY NUMBER 215-07-13	7 3	5. SEX	8. AGE (In yrs. les 74	YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DA (M	TE OF BIF	15 15		Count	PLACE (State	
Œ	9a. FACILITY NAME (If not in 346 Green:	-				9b. CITY,	TOWN C	OR LOCATI	ON OF DE					NTY OF D	EATH	
읝	RESIDENCE OF DEC		oau										вал	<u>tim</u>	ore	
DIRECTOR	MD	Bal	timore		10c. CIT	TY, TOWN OF	LOCAT	TION							10d. INSIDE LIMITS 1 YES	7
AL	10e. STREET AND NUMBER				-		101	. ZIP COD	E				10g. CIT	IZEN OF	WHAT COUNT	RY?
띮	346 Green	low R	oad					2122	8					US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AF YES 2 1		11	yes, sp	ENDENT Code		n, Pue			or No-	14. RACI Blac W 15000	E — America k, Whita, atc.	n Indian,
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU- y highest grade 3-12)	CATION completed) College (1-4 or 5	(G	ive kind of	Work done done done retired.)	CUPATIO	ON ast of working	ng		16b. KIND	OF BUS	INESS/IN	DUSTRY		
AP.	1	ınkno	wn	me	dica	l sa	les	sman			Sa	les	3			
BE CON	17. FATNER'S NAME (First, M John Toma	alovi	tz					16. MOT	NER'S NA		a Ku					
TO E	Caroline		lovitz			GADDRESS Gree						y or Town		228		
	20a. METHOD OF DISPOSIT **Example Community C	n 3 🗆 Rem	oval from State	20b. PLACE other pi	of olspo lon	Park								-	, MD	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	Star	6/2		Sto	erl		Ash	nto	n F				ne, P	
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eart fallure.	List only one cer	use on each line	h.	not entar t	ha mo	de of dy	ing, suci	h as c	cardiac c	r respi	ratory ar	rest,	Appr	oximata val Batween it and Death
z			Pulm	OR AS A CONSE	OUENCE C	eta	151	45	is							
CATIO	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) TRansitional cell cancer of bladder Onset and Death Transitional cell cancer of bladder Outer to (or as a consequence of): Pulmonary metastasis Due to (or as a consequence of): Pulmonary metastasis Due to (or as a consequence of): ASC UD CALISE (Pleases or conditions, if any, leading to immediata cause. Enter UNDERLYING CALISE (Pleases or conditions, if any, leading to immediata cause. Enter UNDERLYING CALISE (Pleases or conditions, if any, leading to immediata cause. Enter UNDERLYING CALISE (Pleases or conditions).															
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST															
	PART II. Other significe	ent condition	as contributing to	deeth but not	requiting	In the un	larlyln	O COURO	diven in	Dart I	240	WAS AN	AUTOPSY	241	WEDE AUTO	PSY FINDINGS
EDICAL								9 00000	9.00			PERFOR	MED?		AVAILABLE (COMPLETIO OF DEATH?	PRIOR TO N OF CAUSE
Σ															1 TYES	2 MANO
AN	25. WAS CASE REFERRED T	O MEDICAL	1				28. PI	LACE OF D	EATN (Ch	eck on	ly one)					
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER		ne 5 1. R	esidence	8 🗆 0	Other (Son	cif(v)				
PHYSICIAN:	27. MANNER OF DEATN		28a. DATE O		28b. TII		28c. INJ	JURY AT			DESCRIBI		NJURY OC	CURED		
ВУ Р	1 Natural 5 🗍 2 🦳 Accident	Pending Investigation	(MOIIII,	Day, Year)	l in	M		ORK? YES 2 [] NO							
ED	2 Dulalda -	Could not be determined	28e. PLACE (building	OF INJURY — At he, atc. (Specify)	ome, farm,	street, facto	ry, offic	10		28f.	LOCATION City or Tow	(Street in, State)	and Numbe	er or Rural	Route Number	
COMPLET	one)		ICIAN: To the best of												a) and manne	or as stated.
ш	29b. SIGNATURE AND TURE	OF CENTIFIE	n	11	-	_		29c. LIC	ENSE NU		n		29d. DA	TE SIGNE	(Month, Day	Year)
TO B	/11	14,	1	MI	16	0		\mathcal{P}_{l}	129	16	1		10	45,	190	
F	30. HAME AND ADDRESS O	F PERSON WH	O CAMPLETED CAL	ISE OF DEATH (ITE	M 27) 77(p	e, Print)			-							

BALTIMORE, MD. 21228

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fled at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. PED TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lament of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the modical examiners.

31. DATE FILED (MODITY DOV. YOUT) 1990

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN REG. NO			
	1. OECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YEA	3. TIME OF DEATH	
ļ	Martha		Ta	aylor		2 1	90		
			rs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)	
	081-34-6168	□ M 2 (XF) 47	YRS.	MONTHS DATE	HOURS WIN.	1/25/43	G	EORGIA	
_	9a. FACILITY NAME (If not institution, give street				OR LOCATION OF OE	НТА	9c. COUNTY (OF DEATH	
DIRECTOR	4414 Towanda Avent	ue		Balt	imore		L		
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY	
H	MARYLAND			ватлтмо	RE CITY	7		1 TYYES 2 NO	
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	4414 TOWANDA AV	ENUE			21215		l n	SA	
5	11. MARITAL STATUS 12.	. WAS DECEDENT EVER IN U.	S. ARMED			IIC ORIGIN? (Specify Yes	s or No- 14. F	RACE — American Indian, Black, White, etc.	
ВУ	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES :	S .		2 NO Specify			Specify:	
	15. DECEDENT'S EDUCATION	10N T 40	- DECEDENT'S	USUAL OCCUPATION	NA I	16b, KIND OF BU		BLACK	
	(Specify only highest grade com	npleted)		work done during mo		166. KIND OF BU	SINESSANDUSTI	NY .	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE C	BEN TAYLOR				RHODA	SHORT			
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a		Route Number, City or Tow	m, State, Zip Code	0)	
2	MARY TAYLOR		4414	TOWAND	A AVENU	JE: BALTO	MD.	21215	
	20a. METHOD OF DISPOSITION 1	from State of	ther place)	SITION (Name of cer			CATION — City		
	4 Donation 5 Other (Specify)		TRO C		Y, INC.		TIMOR	E, MARYLAND	
	+ Hours) (), -	10	LERO	Y O. DY	ETT & SC		ERAL HOME	
	23. PART . Enter the displaces, or com	splications that gassed V	he death. Do	not enter the mo	da of dying, such	Y HEIGHT	ratory errest,	Approximete	
	shock, or heart allure List	I only one cause on each	h line.					interval Between Onset and Deeth	
- 1		atty livor a	nd Chr	onia non	rootitic				
	resulting in deeth) al.	atty liver a	ONSEQUENCE C	offic part	JI Eal ILL	2			
Z	Sequentially list conditions, Acute and Chronic alcoholism								
CERTIFICATION	If any, leading to immediate								
2	CAUSE (Disease or injury								
Ë	that initiated events resulting in death) LAST								
当	d								
A	PART II. Other significant conditions of	ontributing to death but	not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8						1 X YES	COMPLETION DF CAUSE OF DEATH?		
ME						_		1 🔀 YES 2 🗆 NO	
ž									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)			
XSI		☐ Inpatient 2 ☐ ER/Outpati		4 - Nursing Hon		8 Other (Specify)			
	1X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TH	JURY WO	DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED .	
BY	2 Accident Investigation	28e. PLACE OF INJURY —	- At home, farm.			28f. LOCATION (Street	and Number or B	lural Route Number.	
밀	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify))	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	,	
Ę	29a, CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowled	ige, death occur	red et the time, dete	and place, and due	to the cause(s) and ma	nner as stated.		
COMPLETED	const orny	On the basis of examination a						use(s) and manner as stated.	
U U	29% BROMATURE AND TITLE OF DESTIFIER	2//	5 7 5		29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)	
0	transt -	text, or	nn		(OCME	D 21	1/90	
2	80. MAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEAT	Н (ІТЕМ 27) (Тур	e, Print)					
	Frank T Dorotti	M D - Aggi			1111	Dawn CL			

DHMH-16 Rev 1/89

JEFFREY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

YEAR

00

3. TIME OF DEATH

2. DATE OF DEATH MONTH DAY

02

L III	RESIDENCE OF	RUNDEL HI F DECEDENT 10b. COUNT			10c. CIT	Y, TOWN C		PLID N				24.82		Od. INSIDE CITY
DIRECTOR	Maryland 100. STREET AND N	a Palt	imore		Ar	butu	S						1	YES 2 T
RAL	1162 Elm		22.1102.0				10	7. ZIP COD					EN OF WH.	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 3 Widowed 4	2 🔀 Merried	FORCES?	NT EVER IN U.S. AR I YES 2 X MAR OR DATES			If yes, or	CENDENT (OF HISPAN	n, Puerto	N? (Specify Ye Ricen, atc.)			American India White, etc.
PLETED	(Spe	15. DECEDENT'S EDI ecify only highest grad indery (0-12)	JCATION le completed) College (1-4 or 5	+) (G	ECEDENT'S Bive kind of a Do NOT us	work done se retired.)	CCUPATI during m	ON ost of workli	ng		Route			
COMPL	17. FATHER'S NAME	(First, Middle, Last)						15. MOT	HER'S NA		Middle, Maiden			
m o	Benjamin	Worthing	ton					В	eula	Cox				
1	19a. INFORMANT'S I	. , ,		19							ber, City or Tow			
1		. Worthir	igton							, Ma	ryland			
	4 Donetion 5	remation 3 Rer Other (Specify)		Balti	Secret)	-Wasl	n. 0	rema	tory		I	Cation — c Laurel		
	21. BIGHAPPRE OF F	FUNERAL BERVICE L	CEMBEE		2	22.	NAME A	ND ADDRE	ss of fa	auty A Spr	mbrose ing Ra	Fune Arb	ral l	Home MD
	22 PART I. Exter	r the diseases. Dr	complications the	et caused the de	eath. Do r	not enter	the me	ode of dy	Ing. muc	h as car	diac or reso	dratory arre	at.	Approxim
		I am a dista		OR AS A CONSE		P								i
RTIFICAT	If any, leading to cause. Enter UNI CAUSE (Disease that initiated eve reaulting in deati	DERLYING or Injury	c. DUE TO	OR AS A CONSE	QUENCE O	F):								
AL CERTIFICATION	cause. Enter UNI CAUSE (Disease that initiated eve reaulting in deati	DERLYING or Injury ents h) LAST	d				nderlyln	ng cause	given in	Part I.	24a. WAS AF			
MEDICAL	cause. Enter UNI CAUSE (Disease that initiated eve reaulting in deati	DERLYING or Injury ents h) LAST	d				nderlyln	ng cause	given in	Part I.		RMED?	6	MAILABLE PRIOR COMPLETION OF C OF DEATH?
AN: MEDICAL	cause. Enter UNI CAUSE (Disease that initiated eve reaulting in deati PART II. Other al	DERLYING or injury inte h) LAST	d					ng cause			PERFO	RMED?	6	MAILABLE PRIOR COMPLETION OF (OF DEATH?
CIAN: MEDICAL	cause. Enter UNI CAUSE (Disease that Initiated eve reaulting in death	DERLYING or Injury wints hit LAST Ignificant condition	d to contributing to		reaulting	In the ur	26. P	PLACE OF E	DEATH (Ch	reck only o	PERFO 1 VES	RMED?	6	MAILABLE PRIOR COMPLETION OF C OF DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNICAUSE (Disease that initiated evereaulting in death PART II. Other all PART III. Other all PART III. Other III.	DERLYING or injury ints h) LAST Ignificant condition ERRED TO MEDICAL NO ATTH 5 Pending	HOSPITAL: 11 Inpetient 2 289. DATE O	death but not	reaulting	OTHE	26. PR: eling Hor 28c. IN	-7	DEATH (Ch	neck only o	PERFO 1 VES	PRMED? 2 140	1	VERE AUTOPSY FI MAILABLE PRIOR OMERLETION OF C F DEATH? YES 2 1
TED BY PHYSICIAN: MEDICAL	CAUSE. Enter UNICAUSE (Disease that Initiated eve reauting in deating ERLYING or injury wints h) LAST Ignificant condition ERRED TO MEDICAL NO ATH	HOSPITAL: 11 Inpetient 2 28e. DATE 0 (Month,	Death but not a death but not	reaulting 3 DOA 25b, TIN	OTHEL	26. PR: sing Hor 28c, IN W	PLACE OF E	DEATH (Ch	5 Oth 28d. DE	PERFO 1 VES re) or (Specify)	INJURY OCC	UREO	MAILABLE PRIOR COMPLETION OF (PEDATH? YES 2	
LETED BY PHYSICIAN: MEDICAL	CAUSE. Enter UNICAUSE (Disease that initiated everaulting in death PART II. Other al 25. WAS CASE REFE EXAMINER? 1 YES 2 2 27. MANNER OF DEATH IN Netural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	DERLYING or injury inte h) LAST Ignificant condition ERRED TO MEDICAL NO ATH 5 Pending Investigation 6 Could not be determined CERTIFYING PHY	HOSPITAL: 112 Inpatient 2 28e. DATE O (Month), 28e. PLACE building	□ ER/Outpatient : F INJURY Day, Year) OF INJURY — At he, atc. (Specify) of my knowledge, defining the second s	3 DOA 25b. TIN. ome, ferm,	OTHEL 4 Nurse OF JURY M street, fac	26. PR: sing Hor 28c, IN W 1 Dtory, officience, date	PLACE OF E	DEATH (Ch	5 Oth 28d. DB	PERFO 1 VES or (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OCCI	UREO Or Rural Rookd.	MAILABLE PRIOR OMFILETION OF 6 F DEATH? YES 2
LETED BY PHYSICIAN: MEDICAL	Cause. Enter UNI CAUSE (Disease that initiated eve reaulting in deat PART II. Other al 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DEA 1 Neturel 2 Accident 3 Suicide 4 Homolide 29e. CERTIFIER (Check only one) 2 (DERLYING or injury inte h) LAST Ignificant condition ERRED TO MEDICAL NO ATH 5 Pending Investigation 6 Could not be determined CERTIFYING PHY	HOSPITAL: 112 Inpetient 2 28e. PLACE building SICIAN: To the best of	□ ER/Outpatient : F INJURY Day, Year) OF INJURY — At he, atc. (Specify) of my knowledge, defining the second s	3 DOA 25b. TIN. ome, ferm,	OTHEL 4 Nurse OF JURY M street, fac	26. PR: sing Hor 28c, IN W 1 Dtory, officience, date	PLACE OF E me 6 □ R JURY AT ORK? YES 2 [ce	DEATH (Ch	5 Oth 28d. DB	PERFO 1 VES or (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OCCI	UREO OF Rural Root of ausse(e) of Signed (f)	MAILABLE PRIOR OMELETION OF C F DEATH? YES 2
E COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNI CAUSE (Disease that initiated eve reaulting in deat PART II. Other al 25. WAS CASE REFE EXAMINER? 1 YES 2 27. MANNER OF DEA 1 Neturel 2 Accident 3 Suicide 4 Homolide 29e. CERTIFIER (Check only one) 2 (DERLYING or injury ints h) LAST Ignificant condition ERRED TO MEDICAL NO ATH 5 Pending Investigation 5 Could not be determined CERTIFYING PHY MEDICAL EXAMIN	HOSPITAL: 112 Inpetient 2 28e. PLACE building SICIAN: To the best of	ER/Outpetient : FINJURY Day, Year) OF INJURY — At he, atc. (Specify) of my knowledge, dexamination end/or	a DOA 25b. TiM IN. oome, ferm,	OTHE 4 Nurse of JURY M street, fac	26. PR: sing Hor 28c, IN W 1 Dtory, officience, date	PLACE OF E me 6 □ R JURY AT ORK? YES 2 [ce	DEATH (Ch	5 Oth 28d. DB	PERFO 1 VES or (Specify) SCRIBE HOW CATION (Street or Town, State	INJURY OCCI	UREO OF Rural Root of ausse(e) of Signed (f)	MAILABLE PRIOR OMPLETION OF C P DEATH? YES 2 1 Vie Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

WORTHINGTON

21203-3146

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR	CERTIFIC	ATE OF DEAT	Н	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE O	F DEATH		3. TIME OF DEATH
,	William Wilker			2	DAY	90	8:07 M
		(In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 2	4 HRS. 7. DATE O			LACE (State or Foreign
	535-14-2890 1類M2□F 6	9 YRS.	NTHS DAYS HOURS	MIN. (Month,	Dey, Year) 5-1920	West	Virginia
	9a. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN OR LOCATION			OUNTY OF DEA	
Ę	Bon Secours Hospital		Baltimore C	itv	_		
ξ [RESIDENCE OF DECEDENT						
DIRECTOR	10e. STATE 10b. COUNTY	10c, CITY, 1	OWN OR LOCATION			1	IOd. INSIDE CITY LIMITS?
5	Maryland =====	Ba.	ltimore			١,	YES 2 NO
4	10e. STREET AND NUMBER		101. ZIP CODE		10g. C	ITIZEN OF WH	IAT COUNTRY?
	1214 Carroll Street		2123	30		U.S.A.	
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER II		13. WAS DECENDENT OF	HISPANIC ORIGIN?	(Specify Yea or No-	- 14. RACE -	- American Indian
-	1 Never Married 2 X Married FORCES? 1 YES		If yes, specify Cuban,		can, etc.)	Black, Specify:	White, etc.
	3 Widowed 4 Divorced					1	White
בובה	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION	16b.	KIND OF BUSINESS/	INDUSTRY	
ų l	Elementary/Secondery (0-12) College (1-4 or 5+)	life. Do NOT use n	k done during most of working stired.)				
COMPL	6th Grade	Wild	ler		Bethlehe	m Stee	1
5	17. FATHER'S NAME (First, Middle, Lest)		18. MOTH	ER'S NAME (First, Mi	iddle, Maiden Surname	9)	
200							
	19a. INFORMANT'S NAME (Type/Print)	19b, MAILING AL	DRESS (Street and Number of	or Rural Route Number	or, City or Town, State,	Zip Code)	
-	Verna Wilker	1214 (Carroll Stre	et Balt	imore. M	arylan	d 21230
	20a. METHOD OF DISPOSITION 20b	. PLACE OF DISPOSIT	ON (Name of cemetery, crema		20c. LOCATION		
	1 🕱 Buriel 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 6 🗆 Other (Specify)	Cedar Hi	ll Cemetery		Baltim	ore. M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME AND ADDRESS				
	D 2	1.	George J.				
	from Francisca	DU.	4001 Rito				. 21225
	23. PART I. Enter the diseases or complications that cause ahock, or heart feliure. List only one cause on e	d tha daeth. Do not each line.	entar tha moda of dyin	ig, auch aa cardi	ac or respiratory	arreat,	Approximata interval Batween
	IMMEDIATE CAUSE (Final	,	/				Onset and Death
	disease or condition reaulting in death)	-10D4/n	ronary f	rnest			
	DUE TO (OR AS A	A CONSEQUENCE OF):					
2	The HSJI	ration	Dreumo	na			
CERTIFICATION							
3			ilar Acc				
	that initiated events resulting in death) LAST	A CONSEQUENCE OF):	andia		7:	- 00	
Į.	d. Pretto	Schorol	c araiov	350110n	r 0 152	4 X	
	PART ii. Other significant conditions contributing to death b	out not reaulting in	tha undarlying cause gi	ven in Part i.	24a. WAS AN AUTOPS	SY 24b.	WERE AUTOPSY FINDINGS
DICAL	Hypertension.				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	J Per Princip				1 - YES 2 - 110		OF DEATH?
Σ							1 YES 2 NO
A S	25. WAS CASE REFERRED TO MEDICAL		04 81 405 05 85	ATH (Check only one			
2	EXAMINER? HOSPITAL:		THER:				
2	1 ☐ YES 2 ☐ NO 1 ☐ Impetient 2 ☐ ER/Out₁ 27. MANNER OF DEATH 286. DATE OF INJURY		☐ Nursing Home 5 ☐ Res			00011050	
BT PHTSICIAN: ME	1 Netural 5 Pending (Month, Day, Year)	28b. TIME (Y WORK?		CRIBE HOW INJURY	DCCURED	
ā	2 Accident Investigation		M 1 YES 2				
2	3 Suicide 6 Could not be building, etc. (Spe	Y — At home, farm, strendly)	et, ractory, ornce	City o	NTION (Street and Num or Town, State)	loer or Hural Ho	oute Number,
	an control						
1	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one)						
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination	on and/or investigation,	In my opinion, death occure	d at the time, data	and place, and due to	o the cause(a)	and menner as stated.
DE C	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICE	NSE NUMBER	29d. E	DATE SIGNEO	Month, Day, Year)
3	Name C. Mamilton DD S-	refor PAY	SICIAN DI	28291	•	2-	3-90
-	MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE			. 1-4			
	FRANKA, HAMILTON, MD. BON	Secours:	tospital 2	000 W.1	BALTIMURE	ST. BA	a, MD 2122=
	31. PAYE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN						, ,
	FEB 05 1990 Sing Javidson To	nde 90					

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME	NT OF H	EALTH AND N	MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	EAD	ME OF DEATH
	DARRELL	TYRONE		LLIAM					1:00 P M
	219-94-4168	SEX 6. AGE (In yrs. lest	YRS. MONTE		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 8 12	67	Country)	e (State or Foreign Md
S S	99. FACILITY NAME (# not institution, give street 8109 Liberty Rd. RESIDENCE OF DECEDENT	and number)	9b. C		R LOCATION OF DE	ATH	9c. COUNTY Bal	of DEATH timor	e
DIRECTOR	10s. STATE 10s. COUNTY Maryland		10c. CITY, TOW	N OR LOCAT		· · · · · · · · · · · · · · · · · · ·		1 1	INSIDE CITY LIMITS? YES 2 NO
MA	10e. STREET AND NUMBER	AT THE ST PO		101.	21207			OF WHAT	COUNTRY?
BY FUNERAL	4208 SPRINGDALE 11. MARITAL STATUS 12 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	AVENUE: . WAS DECEDENT EVER IN U.S. ARIFORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES	MED IO	if yes, spe	ENDENT OF HISPAN city Cuban, Maxical 2 NO Specify	n, Puerto Rican, etc	y Yea or No- 14	Black, White	nerican Indian, e, etc. Black
MPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	opleted) (Gh	CEDENT'S USUA ive kind of work do Do NOT use retin	one during mos	N at of working	16b. KIND OF	BUSINESS/INDUS		
BE CAN	17. FATHER'S NAME (First, Middle, Lest) Wilbert William				Joetta	ME (First, Middle, Me Honks			
6	Wilbert & Joetta	Williams 4	1208 Sp	ringda	ale Avenu	ue Bal	timore,	Md 21	
	204. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLACE other pla	of DISPOSITION King	Memo of con	ial Par		Randalls		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Elmo D		March 4300	D ADDRESS OF FAM F/H WE Wabash	est			
	23. PART I. Enter the diseesee, or com shock, or heert fellure. Liet IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	plications that coused the determine the course on each line Gunshot OUE TO (OR AS A CONSEC	Wound			h ee cerdlec or I	eepiretory erree	t,	Approximete Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC		-					
ERTIFIC	CAUSE (Disease or injury that initiated evants resulting in death) LAST	OUE TO (OR AS A CONSEC	DUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions of	ontributing to death but not n	eeuiting in the	underlying	j cause given in	PE	S AN AUTOPSY RFORMEO? ES 2 NO	AVAIL COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\text{NO} \) NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)			
SIC		OSPITAL: Inpatient 2 ER/Outpatient 3		HER: Nursing Hom	e 5 🗆 Residence	6 X Other (Specify	scene	9	
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY		RK?		OW INJURY OCCU		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	1/27/90 28e. PLACE OF INJURY — At hobuilding, etc. (Specify)	10:55E		-2.7	261. LOCATION (S City or Town.	t was st treet and Number or State)	Rural Route I	
ETE	Homicide detarmined	restaur	ant			8109 Lik	erty Rd.		llawn, Bal
COMPLETED	and britis	N: To the best of my knowledge, de							menner as stated.
TO BE C	30. NAME AND ROCKESS OF PERSON WHO C	The	M 27 Carpa Brief		29c. LICENSE NUI	ABER	29d. DATE S	1/28/	
	Margarita A. Korel	1, M.D.		l Penn	St.	E	Balto., N	Md. 21	L201
	FEB 0 5 1990 Sul	32. REGISTRAR'S SIGNATURES							

8188 99

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MB 21203-3146

BALTIMORE, MARYL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-metrs after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 metring the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neither.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
DECEDENT'S NAME (First Middle Last)	2 DATE	DE OFATH

	1 - STATE REGISTRAR	SIAIE UF MARTE	CERTIF	ICATE OF		MENIAL HYGIEN REG. NO.		
	1. OECEDENT'S NAME (First, Middle, List)	N. G	Jood la	wd		2. DATE OF GEATH DO	AY YEAR	3. TIME OF GEATH
i	4. SOCIAL SECURITY NUMBER 220-22-/505	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	(THPLACE (State or Foreign intry)
E CH	9a. FACILITY NAME (If not institution, give s	treet and number)		Belt	on Location of or	EATH	9c. COUNTY OF	OEATH
DIMECTOR	10a. STATE Hd 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3721/2	Belle Av	e	10	1. ZIP CODE	215	10g. CITIZEN O	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s		NIC ORIGIN? (Specify Yea in, Puerto Rican, atc.) y:	Ві	ocity: Bka M
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPATI work done during m se retired.)		18b. KIND OF BU	SINESS/INDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) TOAN NOVWOO	d Sr			Lotte	ME (First, Middle, Maiden	y	
2	190. INFORMANT'S NAME (Typo/Print) Thomas E. Wood	lland	37-	21/2	Belle H	Route Number, City or Tow Ve Pal	to, red	21215
	20e/ METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUMERAL SERVICE LIF	noval from State	b. PLACE OF DISPO other place)	amson	NO ADDRESS OF FA	Vet Qu	DINGS A	11115, My
	Dala	Marc	L	Ma	2500	Habas P	t Ar	
CERTIFICATION	23. PART i. Enter the diseases, pr shock, or heert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Due TO (OR AS DUE TO (OR AS C. Multi-		Rey Sepo	evetay is live	Deas.	L	Approximate interval Between Onset and Death
SAL	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlying	ng ceuse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)		
BY PHYSICIAN: MEDI	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	4 Hursing Ho	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURED	,
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	ry — At home, farm, scify)	street, factory, off	ice ,	28f. LOCATION (Street City or Town, State	end Number or Rui	al Route Number,
COMPLETED	- anal	SICIAN: To the best of my kno IER: On the basis of examinati						se(e) and manner se stated.
TO BE	296 BIGNATURE AND TITLE OF CERTIFIE	MD H	oure of	file	29c. LICENSE NU	MBER	29d. DATE SIGN	NEO (Month, Dey, Year)
-	30. NAME AND ADDRESS OF PERSON W	SIN	711	e prines	DEPT.	of Mea	licino	, , , , , , , , , , , , , , , , , , , ,
	FEB 0 5 1990	A STANDERS AND AND AND AND AND AND AND AND AND AND	HALLES	•		,		

ed for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, N	ours after death. Page 6 may be	lled in by the funeral director, page 1, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
	HT OT	HT OT be file	

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be in

FEB 05 1990

	1 - FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		ENTAL HYGIEN REG. NO		
OR	1. DECEDENT'S NAME (First. Michie, Last)	AME (First. Mictals, Lost) MARGARET B. WHITING			2. DATE OF DEATH DAY YEAR S. TIME OF DEATH FEB 2,1990			
	4. SOCIAL SECURITY NUMBER 216-46-1962	5. SEX 6. AX	GE (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR HONTHS DAYS	HOURS MIN.	NOV. 20,1	(BIRTNPLACE (State or Foreign Country) MD •
	99. FACILITY NAME (If not institution, give a KESWICK_HOME	treet and number)		100	ORE: CITY	N	9c. COUNTY	OF DEATN
5	RESIDENCE OF DECEDENT			14 113 11 1	ord CIII	-		
BY FUNERAL DIRECTOR	MD. B			TOWN OR LOCAT			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO	
	100. STREET AND NUMBER 4210 N. CHAR	LES ST.		101.	ZIP CODE 212	218		of what country?
	11. MARITAL STATUS 1 Nover Married 2 Married 1 Nover Married 2 Married 12. WAS DECEDENT EVER IN S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		ES 2 NO				? (Specify Yes or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	18e. DECEDENT'S U	ISUAL OCCUPATION ork done during mo-	ON	16b, KIND OF BU	SINESS/INDUST	'RY
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.) MEMAKER	at or working	OWN	HOME	
	17. FATHER'S NAME (First, Middle, Last) HARRY	BEACH BOWEN	1		18. MOTHER'S NAME ANGELA	(First, Middle, Maiden	Surname)	
BE	19e, INFORMANT'S NAME (Type/Print)	DIFICH DOWNER	1	ADDRESS (Street a			m. State. Zio Coo	rie)
OT	MRS. KINGSLEY B. MOORE 10707 GREENSPRING AVE BALTIMORE MD. 21093							
	20s. METHOO OF DISPOSITION 1		other place)	CE OF DISPOSITION (Name of cometery, crematory or place) LOUDON PARK CEM.			20c. LOCATION — City or Town, State BALTIMORE MD. 21229	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. N			22. NAME AN	2. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD			
	→ R. Rue H.W. JENK				ENKINS AN	O SONS CO	. BALT	IMORE MD. 2121
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):							
	IMMEDIATE CAUSE (Fine)		n each ilne.				metory arrest	Interval Between
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR	n each ilne.	ectohn			natory arroat	Interval Between
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR A	a dech line. All Call As a consequence of	enobu :			natory arrest	Interval Between
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A	AS A CONSEQUENCE OF	enden :	a yan	ereas		Interval Between Onset and Death
AL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF	the underlying	a pah	ereas	H AUTOPSY RMED?	Interval Between
AL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition Through pand	DUE TO (OR A DUE TO (OR A DUE TO (OR A d	AS A CONSEQUENCE OF	the underlying	a yah	ert I. 24a. WAS AN PERFO	H AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition Thank paid. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR A DU	AS A CONSEQUENCE OF	the underlying	g ceuse given in Pa	ert I. 24a. WAS AN PERFOI	H AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part II. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Through Part III. Other significant Condition Throu	DUE TO (OR A DU	AS A CONSEQUENCE OF The but not resulting in t	the underlying the state of the	g ceuse given in Pa	ert I. 24a. WAS AN PERFOI	HAUTOPSY RMED? 2 (T) -RO	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition The part of the condition of the con	DUE TO (OR A DU	AS A CONSEQUENCE OF The but not resulting in t	the underlying the underlying 28. PI OTHER 4 D Morsing Nom OF 28c. INJ WY	g ceuse given in Pa	art I. 24a. WAS AN PERFOI 1 YES :	HAUTOPSY RMED? 2 (T) -RO	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition Thurbush pale 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR A DU	AS A CONSEQUENCE OF AS A C	the underlying the underlying 28. Pi OTHER: OF Mirring Nom OF 286. INJ HY M 1	Q ceuse given in Pa	art I. 24a. WAS AN PERFOI 1 YES :	NAUTOPSY RMED? 2 (1)-RO INJURY OCCUR	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition PART II. Other significant condition PART II. Other algnificant condition P	DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A	AS A CONSEQUENCE OF AS A CONS	the underlying the underlying 28. Pt OTHER 4 Norsing Nors OF 28c. INJ WC M 1 1	g ceuse given in Pa	art I. 24a. WAS AN PERFOI 1 YES : K only one) Other (Specify) 28d. DESCRIBE NOW City or Town, State	INJURY OCCUR	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition PART II. Other significant condition PART II. Other algnificant condition P	DUE TO (OR A DU	AS A CONSEQUENCE OF AS A CONS	the underlying the underlying 28. Pt OTHER 4 Norsing Nors OF 28c. INJ WC M 1 1	Couse given in Paragraphic Check to 5 Residence 8 IURY AT 17YES 2 NO 10 In 18 IURY AT 18 IURY A	art I. 24a. WAS AN PERFO 1 YES : Conty one) Other (Specify) 28d. LOCATION (Street City or Town, Street City or T	INJURY OCCUR and Number or I	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition Thurner part of the condition of the cause of the condition of the cause of the caus	DUE TO (OR A DU	AS A CONSEQUENCE OF AS A CONS	the underlying 28. Pt 28. Pt 28. Pt OTHER OF 28c. INJ RY WC I treet, factory, officed at the time, date 1, in my opinion, d	g ceuse given in Pa	art I. 24a. WAS AN PERFO 1 YES : Conty one) Other (Specify) 28d. LOCATION (Street City or Town, Street City or T	INJURY OCCUR and Number or I	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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physician.	burial-transit	
retained by the hospital or attending	e 5 should be detached for use as the burial-transit permit	once.
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BALLIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the per man be retained to the control of the control	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the man account to 5 should be the property of the statement of the property of the pro	be filed within 72 hours after death with the State Dept. of Hearm and Mental Hyglene prior to buriar, cremation, or remove	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical marked, or item 28 shows any Injury, or other traumatic event, the medical marked, or item 28 shows any Injury, or other traumatic event, the medical marked, or item 28 shows any Injury, or other traumatic event, the medical marked, or item 28 shows any Injury, or other traumatic event, the medical marked or item 28 shows any Injury, or other traumatic event, the medical marked or item 28 shows any Injury, or other traumatic event, the medical marked or item 28 shows any Injury, or other traumatic event, the medical marked or item 28 shows any Injury, or other traumatic event, the medical marked or item 28 shows any Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the marked or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury, or other traumatic event, the medical marked or item 28 shows and Injury event, the medical marked or item 28 shows and Injury event, the medical marked or item 28 shows and Injury event, the medical marked or item 28 shows and Injury event,
TO THE	TO THE	be filed v	IMPORT

FOR STATE REGISTRAR	STATE OF I	MARYLAND / DEPAI CERTIF		OF DEATH			TYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) NELLIE		WHITE				2. DATE OF MONTH	DEATH DAY	199	AR	IME OF DEATH
4. SOCIAL SECURITY NUMBER 213-42-9544	5. SEX	8. AGE (In yrs. Inst birthday) 78 YRS.	IF UNDER 1 Y	YEAR IF UNDER	MIN.	7. DATE OF	BIRTH 3 / 12	6.	BIRTHPLAC	E (State or Foreign
9a. FACILITY NAME (If not institution, give st 729 - 60th Place			own or Locati pitol		ATH		ec. COUNTY Prin	OF DEATH		
	ince Ge		ry, town on Capit	ol Hg	ts.				1 [2	INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 729 6	Oth Pl			207				10g. CITIZEN	S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED YES 2 THO WAR OR DATES	lf y	S DECENDENT (es, specify Cubi YES 2 X NO	ın, Mexican	, Puerto Rice			RACE — A Black, Whi Specify: B1	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 8th		Ille Do MOT i	work done dun ise retired.)	upation ing most of workd	ng			of Ed	TRY	
17. FATHER'S NAME (First, Middle, Lest) Arthu	r Jacks	on		18. MOT		ME (First, Mick llie				
19a. INFORMANT'S NAME (Type/Print) Constance Pr	octor			Street and Number			City or Town,	State, Zip Co.	de)	
Constance Proctor Same as # 10 above 20a. METHOD OF DISPOSITION 1										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H. S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.										
23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ons ca		isease	na mode of dy						Approximata Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST Sequentially list conditions, generalized arteriosclerosis. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Diabetes PERFORMED? 1 Yes 2 M NO OF DEATH?							NE AUTOPSY FINDING ILABLE PRIOR TO IPLETION OF CAUSE DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Y YES 2 \(\subseteq \text{NO} \)	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	26. PLACE OF I			Specify)		ļ	
27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF Sec. INJURY AT WORK? 1 NJURY 1 YES 2 NO										
2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE building	OF INJURY — At home, ferm, etc. (Specify)	street, fector	y, office			ON (Street ar Town, State)	nd Number or	Rural Route	Number,
and any		f my knowledge, death occu							ause(a) and	i manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE					ENSE NUN					nth, Day, Year)

30, HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

M.D., 1919 Seminary Road,

John S. Rogers, 31. DATE FILED (Month, Day, Year)

FEB 05 1990

DHMH-16 Rev 1/89

20910

Silver Spring, Montgomery, MD

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DIRECTOR

FUNERAL

BY

COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

durs after death. Page 6 may be retained by the hospital or attending physician	y filled in by the funeral director, page 5 should be detached for use as the burial-tra	ation, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

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31. OATE FILED (Month

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, 2. DATE OF DEATH 3. TIME OF OEATH 90 09244" SOH 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER I YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 - M 2 F YRS. JUNE 28, 1929 220 20 8184 60 MARYLAND 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE LIBERTY MEDICAL CENTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3000 REISTERSTOWN ROAD APT. A1CC 21215 U. S. OF A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FUNCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxicon, Puerto Rican, etc.) 1 Never Merried 2 Married 1 TYES 2 NO Specify 3 Widowed 4 Divorced BLACK 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) THERAPIST 0 - 12HOSPITAL PHYSICAL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EUNICE ESTHER CHAPLIN ARTHUR ALSTON 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3000 REISTERSTOWN ROAD APT. 1CC BALTIMORE, MARYLAND MR. LARRY ALSTON 20e. METHOD OF DISPOSITION

1 Burial 2 Cremetion 3 Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State CEMETERY 2/6/90 **AUBURN** BALTIMORE, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4517 PARK HEIGHTS AVENUE 21215-6393 Lewis BALTIMORE, MARYLAND **GWYNN FUNERAL** 23. PART I. Enter the disease, or complications that mused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or heart fellure. Liet only one ce each lina. intarval Between IMMEDIATE CAUSE (Final **Onset end Death** disease or condition resulting in death) Sequentially liet conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE 18 thet initieted evente resulting in death) LAST PART ii. Other significant conditions contributing to daeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 X Naturel 5 Pending M 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, end due to the cause(a) end manner ee stated end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) end manner as stated. 29b, SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

LETED CALISE OF OEATH (ITEM 27) (Type, Print

Julia Davidson-Randell

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32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

3-16-90 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.	-		
1. DECEDENT'S NAME (First, Middle, Last)		19			2. OATI	OF DEATH	NY.	MEAN	. TIME OF DEATH
RICHARD	Allan WHA	RREN WARR	EN	Jr.		1-90		- E.S.	3:30PM
social security number 214 78 6910	5. SEX 6. AGE		UNDER 1 YEAR MTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH th, Day, Year)		Country)	ACE (State or Foreign
a. FACILITY NAME (If not institution, give a	treet and number)		CITY, TOWN	of Hodgien of		<u> </u>	9c. COUNT		
Railroad tracks/I	Earls Road			ore Cour			Bal	timor	ce County
Maryland B	altimore		iddle					1	Od. INSIDE CITY LIMITS? YES 2 - NO
Co. STREET AND NUMBER	archiore	173		M. ZIP CODE			10a. CITIZ		AT COUNTRY?
655 West Kings				212	220			USA	
II. MARITAL STATUS Married 2 Married Ma	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, s	pecify Cuban, Maxic S 2 NO Spec	an, Puarto		or No-	Black,	- American Indian, Whita, etc. White
15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	UAL OCCUPAT	ION	16	b. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind al work life. Do NOT use re AS	semble			B	uildi	ng Pr	roducts
17. FATHER'S NAME (First, Middle, Last) Richard	A. Wharran,	Sr.		16. MOTHER'S N			Surname)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street	and Number or Rura	Route Nun	nber, City or Town	n, State, Zip (
Margaret E. Wha				ingsway F		Balto			
1 Greation 3 Rem	oval from State	Wesley Cha	pel Ce	metert			cation – c nkton		alto Co Md
21. SIGNATURE OF FUNERAL SERVICE LIK	mentlesse	6.		and address of F dzinski		ral Hon	me PA		
23. PART I. Enter the diseases, or				7 Old Ea					Md 21221
disease or condition resulting in death) Sequentially list conditions,	b	A CONSEQUENCE OF):							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF): A CONSEQUENCE OF):							
PART ii. Other aignificant condition	ne contribution to death	but not moulting in	the underlyi	na seuse alum i	. Post i	24a. WAS AN	ALTTOREY	Lan	VERE AUTOPSY FINDINGS
PART II. Other argument constitution	is continuing to beaut	but not resulting in	ure directly	ng cause given i		PERFOR	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGBETT	· ·		PLACE OF DEATH (C	theck only (one)			
CXINOXYES 2 □ NO	HOSPITAL: 1 Inpetient 2 ER/Ou		THER: Nursing Ho	me 5 🗆 Rasidence	6 7.9 4	er (Specify)	SC	ENE	
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 2-1-9()		Y	NJURY AT WORK?	100000	escribe how i	NJURY OCC	URED	n impact
Investigation		RY — At home, farm, stre	et, factory, off	lice	26f. LO	CATION (Street i	and Number	or Rural Ro	ute Number,
29a. CERTIFIER	CIAN: To the head of	Railro							ore County
TOTALON OTHY	ER: On the best of my kno								and manner as stated.
296. SIGNATURE AND TITLE OF CENTIFIE	eyfull			29c. LICENSE N	UMBER			2-90	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WY MARGARITA A. KOF	O COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Pr	111 Pe	nn Stree	t,Ba	ltimore	MD 2	21201	. V
FEB 05 1990	32. REGISTRAR'S SK	SNATURE							
1000 74									

for use as the burtal-transit permit. Pages 1, 2, 3 should or attending physician. IMPORTANT: If Itom 28 is marked, or Itom 23 shows any Injury, or other traumatic event, the medical examiner must be nutified TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be main TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be fleed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

1203-3146

BALTIMORE, MA

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Annual Control of the

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	FOR STATE REGISTRA
l	1. DECEDENT'S
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1	

1 - STATE REGISTRAR		OINIE OF I	C	ERTIF	ICATE OF	DEATH	REG. NO.	•		
1. DECEDENT'S NAME (First,					10/11 = 5.		2. DATE OF DEATH			3. TIME OF DEATH
EUnati	610	ANTON	IADA	11			MONTH DA	7 (YEAR	930 MM
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		9	IPLACE (State or Foreign
218-82-2660		1 M 2 XXF	95	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Cyp	γ)
9a. FACILITY NAME (If not in	stitution, give stre	et and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	ITY OF D	EATH
Mason Lord		g Center	r		Balti	more Cit	у		-	
RESIDENCE OF DEC	10b. COUNTY			10. CIT	Y, TOWN OR LOCA	TION	-			10d. INSIDE CITY
Maryland	1013. COOINT				ltimore					LIMITS?
10e. STREET AND NUMBER				Da		f. ZIP CODE		100 CITI	ZEN OF V	1 TYPES 2 NO
800 Rappol	la Stre	et			"	21224			prus	mai countri
11. MARITAL STATUS	T	12. WAS DECEDEN	T EVER IN U.S. A	RMED			NIC ORIGIN? (Specify Yes	or No-	14. RACE	E — American Indian,
1 Never Married 2 3 Wildowed 4 Divo		FORCES? 1	YES 2	NO		ocify Cuben, Mexico 3 2 NO Specific	an, Puarto Rican, atc.) y:		Speci	k, white, etc. """: White
	EDENT'S EDUCA				USUAL OCCUPATI		16b. KIND OF BUS	SINESS/IND	USTRY	
(Specify only Elamentary/Secondary (I	y highest grade co	College (1-4 or 5	105	Bive kind of the Do NOT us	work done during m se retired.)	oat of working				
8th	(2)	College (1-4 of 5	"	House	sewife					
17. FATHER'S NAME (First, M	liddle, Last)			nou	DONTIO	16. MOTHER'S NA	AME (First, Middle, Maiden	Surname)		
John Flore	edes					Anna I	apieri			
19a. INFORMANT'S NAME (Route Number, City or Tow			
Mrs. Anna S	Stavrop	oulos		300 R	appolla	Street,	Baltimore,	Md.	2122	24
20a. METHOD OF DISPOSIT 1	on 3 🗆 Remov	ral from State	other p	viace)	SITION (Name of co	metery, crematory or		cation —		
21. SIGNATURE OF FUNERA		NSEE	- Odin	Dayiii		ND ADDRESS OF FA		A CALIF	JI C ,	Tiu.
. //	. /	Q	/		Matth	news Fune	ral Home			
Uhn	<u>ノメ .</u>	Rai	theu	R	3021	Eastern	Ave., Balt	imore	∍, Mo	1. 21224
23. PART I. Enter the d		mplications that ist only one cau			not enter the m	ods of dying, euc	ch ss cerdisc or respi	iratory err	est,	Approximate interval Between
IMMEDIATE CAUSE (FI		-				2	1			Onset and Death
disesse or condition	→ s.	Tr	of m	500	wella	mso	retir = ar	rhy fly	wio	minutes
		DUE TO	(OR AS A CONSE	ENCE O	(F):	n A4	retur = ar	0		1.0-11
Sequentially list condit	lone b.	1400	000		1-000	celles	11			gear
If any, laading to imme	diata	DUE TO	(OR AS A CONSE	OUENCE O	IF):					V
cause. Entar UNDERLY CAUSE (Disesse or inju		DUE TO	(OR AS A CONSE	OHENCE O				_		
that initiated events resulting in death) LAS	т	502 10	(On AS A CONSE	OUENCE O	r. j.					The second
	d.								/	
PART ii. Other significs	ent conditions	contributing to	daath but not	resulting	in the underlyle	ng csuse given in	Part i. 24s. WAS AN		24b	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
Vem	mele	A .					1 □ YES 2	1/		COMPLETION OF CAUSE DF DEATH?
										1 YES 2 NO
							_			
25. WAS CASE REFERRED	_				/26.1	LACE OF DEATH (C	heck only one)			
EXAMINER?		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 DOA	OTHER:	me 5 🗆 Rasidence	6 Other (Specify)			
27. MANNED OF DEATH		28a. DATE Of (Month, L		28b. TIN	NE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	NJURY OC	CURED	
and the second of the second o	Pending Investigation	(MOND), L	yay, rowr)	100		YES 2 NO				
2 Accident 3 Suicide 6	Could not be		OF INJURY — At h	ome, farm,	street, factory, off	ce	28f. LOCATION (Street City or Town, State)		or Aural	Route Number,
4 Homicide	determined	bullang	, area (openny)				Oily Or JOWN, States			
29a. CERTIFIER (Check only	TIFYING PHYSICI	IAN: To the best of	f my knowledge, d	leath occur	red at the time, dat	e and place, and du	e to the cause(s) and me	nner se stat	ted.	4-97
CONSTRUCTION -	100 100									a) and menner as stated.
296. SIGNATURE AND JUST	OF CENTIFIER	1				29c. LICENSE NU	IMBER	29d. DAT	E SIGNE	(Month, Day, Year)
Ehm &	Sun	Fon 1	un	allo	mo	01 18	89	•	2 -	2-90
80. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Type	e, Print)	10000	- /		~ ^	
- Bus		mo			Fren	Buch	Ralto n	18 2	127	24
21 DATE ET HOUSE DANS DOWN	1400	1 22 SECUCIO	Anic cultiAnda	100			1 24 11-		,	1

and the detached for use as the burial-transit permit. Pages 1, 2, 3 should at the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the class of the funeral directions are refined to be signed by the attending physician and completely filled in by the funeral directions are sentificate has been signed by the attending physician and completely filled in by the funeral directions are sentificated been signed by the attending physician and completely filled in by the funeral directions are sentified at once. IN THE THE ATTENDING IN THE ATTENDING ATTEND

E MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Pay	INERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral di		and the same of th
after d	y the	thin 72 hours after death with the State Depti, of Health and Mental Hyglene prior to burial, cremation, or removal.	
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cuted	noo bi	urial,	44
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PHY	this	1 with	
DING	After	death	
ATTEN	CTOR	after	-
. OR	DIRE	hours	
SPITAL	VERAL	가 12	1
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	FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTM			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	FIE	Bulloc	K		2. DATE	OF DEATH	ě č	3. 1	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/2-08-6678	5. SEX 8. AC	QQ VOC MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH	20 1	BIRTHPLA	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give str	Edical (enter "	BA!	H WOCATION OF DE	Re	7	9c. COUNTY	OF DEAD	
DIRECTOR	100. STATE 10b. COUNTY		10c 9TY, TO	OWN PR LOCAT	1 -				10d	INSIDE CITY
	100. STREET AND NUMBER	1.	IDA.	17/10	ZIP CODE			10g. CITIZEI		YES 2 □ NO COUNTRY?
FUNERAL	11. MARUM STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN	17 (Specify Ye	or No.— 14		Americen Indien,
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF			2 NO Specif		Ricen, etc.)		Special Special	Ack
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 8+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done durina mo		186	KIND OF BU	SINESS/INDUS	TRY	
	17. FATHER'S NAME (First, Middle, Last)		V1119/CF	Thi	18. MOTHER'S NA	ME (First,	Middle, Maider	Surname)		
TO BE	196) INFORMANT'S NAMEY TYPO (Print)	der	19b. MAILING AD	DRESS (Street a	ARM C	Route Num	ber, City or Tov	BATA	ode)	21201
	20e. METHOD OF DISPOSITION 1 12 Burlel 2 Cremation 3 Manual 4 Donation 5 Other (Specify)	val from State	206. PLACE OF DISPOSITION DITHER PLACE)	ON (Name of gen	netery, crematory or Ry	reter	20c. LC	CATION - CITY	le	md,
	21, SIGNATURE OF FUNERAL SERVICE LICE	and for	ie	MAR	Shall a	OLY J	ines,	TRI-	HI	21229
	23. PART I. Enter the disease, or contained the second three Limited and the second three second	ompileations that cau lat only one pause of	sed the death, Do not fi sech line.	enter tha mo	de of dylng, auc	h aa car	diac or reap	Iratory arrea	t,	Approximats Interval Batween Onset and Death
_	resulting in death) a. Over TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (DISEASE (DISEASE CAUSE (DISEASE (DISEASE CAUSE (DISEASE (DI									
ERTIF	that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):							
	PART II. Other aignificant conditions	contributing to deat	h but not reaulting in t	tha underlyin	cause given in	Part I.	24a, WAS AF PERFO	RMED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL						_				YES 2 NO
CIA		HOSPITAL:		THER:	ACE OF DEATH (Ch					
HYS	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/C	RY 28b, TIME O	F 28c, INJ	5 Realdence		(-1 77	INJURY OCCUP	AED	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Yei	URY — At home, farm, stre-	M 1 🗆	RK? 'ES 2 NO	284 1.00	ATION /Street	end Number or	Dural Davida	Mumbas
ETED	4 Homicide determined	building, etc. (Specify)			City	or Town, State)	TIOI ET TROOTE	TVOTTIDOT,
COMPLETED	ana)		nowledge, death occurred a ation end/or investigation, i							i manner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	10.	MI		29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (Moi	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri						/ \ /	90
	31. OF THE STATE OF	A-QUA	ANATURE 2.60	o lis	erty H.	eigh	6			21215
- 1	U									

al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by the hosp
BALLIMORE, MARTEAND	DIVISION OF VITAL RECORDS, T.O. BOX 13140,

TRECOTOR CERTIFICATE OF DEATH 1. DECEMBER SPEAK BEFORE ASSOCIATION THE STATE OF COURT DEUTH KET HE ASSOCIATED THE STATE OF COURT OF THE STATE OF COURT OF THE STATE OF COURT OF THE STATE OF COURT OF THE STATE OF COURT OF THE STATE OF COURT OF THE STATE OF THE ST		FOR 1 _ STATE	STATE OF MARYL				MENTAL HYGI	ENE	90	0274
DEUTY MARKET IN CONTROL CECUNITY MARKET IN CONTROL CONTROL OF A SUMMAN CONTROL CONTROL OF A SUMMAN CONTROL		REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.		
SOUND COUNTY MADE IT ALL TO AL	- 4	70	111				2. DATE OF DEAT	DAY	YEAR	
BE THE SECRET FOR A Minimidiary gives unsert early and minimidiary gives unsert early and minimidiary gives unsert early and minimidiary gives unsert early and minimidiary gives unsert early and minimidiary gives unsert early gives given and minimidiary gives unsert early given given and minimidiary gives unsert early given give	- 0	DEVIN KEI		MANT			62	03	90 (0 20 m
SETION HILL MAND MAN BALL MAND MAN BALL MAND MAN BALL MAND MAND MAN BALL MAND MAND MAND MAND MAND MAND MAND MAND		4. SOCIAL SECURITY NUMBER		1 22 20 20 20 20 20 20 20 20 20 20 20 20			(Month, Day, Yea	(1)	Country)	
18 DESIDERACE OF DECEMENT 190. COMING 1907 1907 1907 1907 1907 1907 1907 1907	NG.							9c. COU	NTY OF DEATH	
S. THEET AND NAMED S. O. W. F. F. H. K. L. I. N. MANDE STRING 1. T. MANDE STRING 1.	5	RESIDENCE OF DECEDENT								
TO TATHER? SAME (First Mison. Lan) Beamortery Precording (Fill) Codegs (1-4 or 8 -) Codegs	DIRE	10a. STATE 10b. COUNTY		10c, CITY	BA G	TION			1	LIMIT87
TO TATHER? SAME (First Mison. Lan) Beamortery Precording (Fill) Codegs (1-4 or 8 -) Codegs	A				101	. ZIP CODE		10g. CITI	ZEN OF WHAT	COUNTRY?
TO TATHER? SAME (First Mison. Lan) Beamortery Precording (Fill) Codegs (1-4 or 8 -) Codegs	ᇤ	50/ W FRAN	IKLIN ST	-	12	21201			USA	
TO RECEDENT S EQUAL COCUMING THE PROPERTY OF T		1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yee, sp	ecify Cuben, Mexica	nn, Puerto Rican, etc.		14. RACE — A Black, Wh Specify:	merican Indian, ite, etc.
Part Lother deliance conditions College (14 or 5 s) LA BOR St. MOTHER'S NAME (Part, Model, Mashin Surremy)	0			16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF	BUSINESS/INC		
See Service of Death (Properties) 186. MALLING ADDRESS (Street and Aumbries of Paral Rock Names Cay of Text. Street, 20 coop)	PLETE			ille. Do NOT us	e retired.)	est of working				
September Sept	× 1	17 EATHED'S NAME (First Middle I not)			TOUR	Les MOTHERIS NA	Me de la lace	/ O		
THE MALING ADDRESS (Rever and Number or Rural Roce Number. Cby or Tam. Since, 20 Code) THE SHALLING ADDRESS (Rever and Number or Rural Roce Number. Cby or Tam. Since, 20 Code) THE SHALLING OF DISPOSITION THE MEATING OF DISP		17. PATHER'S NAME (FIRST, MIDDIE, LEST)				1		iden Surneme)		
BELLEN THOM 45 30. EACK OF DISPOSITION 10 "Services" 20 "Cremation 3 Removed from State 4 Deviation 5 Other (Device) 21. SIGNATURE OF TURENTS. STRIPPING LICENSEE 22. LANGE AND ADDRESS OF PACILITY 23. DATE I. Enter the diseases. or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Device, or heart felture. List only one cause on each interval Between Disease or condition. 23. PART I. Enter the diseases. or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Device, or heart felture. List only one cause on each under the mode of dying, such as cardiac or respiratory arrest, interval Between Disease or conditions. 24. PART II. Enter the diseases. or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Disease or conditions. 35. PART II. Enter the diseases. or complications are conditions. 36. DUE TO (On As A CONSEQUENCE OF): 37. DUE TO (On As A CONSEQUENCE OF): 38. DUE TO (On As A CONSEQUENCE OF): 39. DUE TO (On As A CONSEQUENCE OF): 39. DUE TO (On As A CONSEQUENCE OF): 31. DUE TO (On As A CONSEQUENCE OF): 31. DUE TO (On As A CONSEQUENCE OF): 32. DUE TO (On As A CONSEQUENCE OF): 33. DUE TO (On As A CONSEQUENCE OF): 34. DUE TO (On As A CONSEQUENCE OF): 35. WAS CASE REPERHED TO MEDICAL EXAMINETY 35. WAS CASE REPERHED TO MEDICAL EXAMINETY 36. DUE TO (On As A CONSEQUENCE OF): 36. DUE TO (ON AS A CONSEQUENCE OF): 37. DUE TO (ON AS A CONSEQUENCE OF): 38. DUE TO (ON AS A CONSEQUENCE OF): 39. DUE TO (ON AS A CONSEQUENCE OF): 39. DUE TO (ON AS A CONSEQUENCE OF): 31. DUE TO (ON AS A CONSEQUENCE OF): 31. DUE TO (ON AS A CONSEQUENCE OF): 32. DUE TO (ON AS A CONSEQUENCE OF): 33. DUE TO (ON AS A CONSEQUENCE OF): 34. DUE TO (ON AS A CONSEQUENCE OF): 35. DUE TO (ON AS A CONSEQUENCE OF): 36. DUE TO (ON AS A CONSEQUENCE OF): 37. DUE TO (ON AS A CONSEQUENCE OF): 38. DUE TO (ON AS A CONSEQUENCE OF): 39. DUE TO	B	MARKY BRYI	+W/					nomA	5	
See SEPTION OF DISPOSITION 100 PC	2	r 111		190. MAILING	ADDRESS (Street 4	and Number or Hural	Houte Number, City of	Town, State, Zip	Code)	
Update 2 Committee 3 Demonstrates BALL MD				1/417	N. L.	NWOOD	ARET	SALTA	IP.	212/3
22. NAME AND ADDRESS OF PACILITY PRHY FUNERAL SERVICE LOCKING 12. NAME AND ADDRESS OF PACILITY 1. NAM		1 🗷 Buriel 2 🗆 Cremation 3 🗆 Rem	oval from State	_ other place)		EMET				State
22. PART I. Enter the diseases, or complications that coweed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition or easily list of the county of th		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY/			
AMBEDIATE CAUSE (Field classes or condition resulting in death) BANDEDIATE CAUSE (Field classes or condition) BANDEDIATE CAUSE (Field classes or condition) BANDEDIATE CAUSE (Field classes or condition) BANDEDIATE CAUSE (Field classes or condition) BANDEDIATE CAUSE (Field classes or condition) BANDEDIATE (Field classe										
NAMEDIATE CAUSE (Final disease or condition)		23. PART I. Enter the diseasee, or a shock, or heart fellure.	complications that cause on a	d the deeth. Do n	ot enter the mo	ode of dying, suc	ch ea cerdlec or r	eepiratory arr	reet,	
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Secretary Secr	M	25. WAS CASE REFERRED TO MEDICAL		-	26. P	LACE OF DEATH (C)	heck only one)			
Secretary Secr	200			netlent 3 DOA	OTHER:					
Secretary Secr	¥						-		CURED	
29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month) Day there.		1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	DRK?				
DESCRIPTION OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Light of Town, State) City or Town, State)	B	L PACCIONIN	28- PLACE OF IN HIP	Y - At home from a			204 LOCATION (D	want and thresho	a an Orient Onida	Marshar
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigat	Ω.	a Congression not the	building, etc. (Spe	r — At nome, term, a	ireet, factory, offic	:0			r or Hural Houte	Number,
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2 Agric Lung of My Dising Dising 15/50 30. NAME (AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typon, Print) Janzalan 6214 Harfield rd. Balko rul. 21214 31. DATE FILED (Month) Day than 1990		286. SIGNATURE AND TITLE OF CERTIFIE	B			29c LICENSE NU	MRFR	294 DAT	E SIGNED (Mor	oth Day Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Janzalen 6214 Harfid rd. Balto mil. 21214 FEB 06 1990 Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January Jahren Marin January	BE	Ya. 5 P 0			Min	Die		D	21:1-	,,
FEB 06 1990 Julia Parting Part	임		O COMPLETED CAUSE OF DE	FATH (ITEM 27) (3cc	Print)	2/5/12	4		7315	0
FEB 06 1990 Julia Day done		11	JOHN CETED CHOSE OF DE		×2 1	16. 11.	0	11		
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DHMH-18 Rev		FEB 06 1990 4	he day down hard	ALCOHO!						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the person or attending it	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shall be a manned for use as the			
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etai da b	Short be	,	otified at	
6 тау be	ctor, page 5		nust be n	
death. Page	funeral dire		xaminer r	
hours after	ed in by the	or removal.	medical	
d within 24	mpletely fill	, cremation,	event, the	
be execute	ician and co	nor to bunal	ranmatic	
th certificate	tending phys	Il Hygiene p	or other	
that the dea	od by the att	and Menta	iny Injury,	
w requires	been signe	pt. of Healt	3 shows 8	
CIAN: The to	ertificate has	the State De	or item 2	
DING PHYSI	After this co	death with I	s marked,	
L OR ATTEN	DIRECTOR:	hours after	item 28 i.	
HE HOSPITAL	THE FUNERAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	IENTAL	HYGIENI
CERTIFICATE OF DEATH		REG NO

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	Steven E. Brown 2. Date of Death Month — Day - 1990 11:00 PM
	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 V M 2 F 3 6 YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH
10 HO	Mercy Medical Center Baltimore Baltimore City
DIRECTOR	0a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MD BAT, TMORE, CTTY PAGE 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	461 WATTY COURT 21201 USA
BY	1. MARITAL STATUS 1. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify: BLACK 1. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 th Grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) INFIMPT.OYFD 77.4
BE COM	8th Grade UNEMPLOYED NA 7. FATHER'S NAME (First, Middle, Last) NARSHALL M. BROWN SR. UNEMPLOYED NA 16. MOTHER'S NAME (First, Middle, Maiden Surname) TEAN HOES
TO B	92. INFORMANT'S NAME (Type/Print) JEAN DORIS BROWN 461 WATTY COURT/BALTIMORE, MD. 21201
	tos, METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cametery, cremetory or 20c, LOCATION — City or Town, State
	Burist 2 Cremetion 3 Removal from State of Prince of Donetion 5 Other (Specify) ARBUTUS MEM. PK. CEM. ARBUTUS, MD 11. SIGNATURE OF FUNERAL SERVICE LICENSEE
	WM.C. MARCH F.H. 1101 E. NORTH AVE.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, interval Between Onset and Death of the cause of section of the cause of section of the cause of
CERTIFICATION	Sequentially flat conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Cirrhosis Months DUE TO (OR AS A CONSEQUENCE OF): HEPATITS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
SAL CE	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO
PHYSICIAN: MEDICA	Anemia 1 yes 2 no Completion of cause of Death? 1 yes 2 no
CIAN	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 40 SPITAL: OTHER:
HYSI	1 Ves 2 No 1 Ves 2 No 1 No 1 Note of Indian 2 En/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ВУ Р	1 Netural 8 Pending (Month, Dey, Year) INJURY WORK? 1 YES 2 NO NO NO NO NO NO NO
	3 Suicide 8 Could not be detarmined 28. Could not be detarmined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)
	Charles T. Robinson, MD 3100 St. Paul St. #208 Baltimore MD 31. DATE FLED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE
	FEB 06 1990 Fish Deviden Andre
	DHMH-18 Rev 1/8

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	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLAN	ID / DEPAI CERTIF						HYGIEN REG. NO			
	1. DECEDENT'S NAME (First,	5.	BLA,	R. AGE (In v	GLORI	AS.	BLAI			2. DATE OF MONTH	ó	3	year 3. TIME OF DEATH 90 5:15 Au BIRTHPLACE (State or Foreign	
	215-24-0	6435	1 🗌 M 2 🔀 F	6/	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L		8	Country) MD	
TOR	98. FACILITY NAME (If not in	EPH	HOSPI	TAL				ORK		AD-/O	USON	BA	9LTO.	
DIRECTOR	10a. STATE	10b. COUNTY				TY, TOWN O						10d. INSIDE CITY LIMITS?		
	Maryland 100. STREET AND NUMBER		imore		M	aryla	101	. ZIP COD					1 TYES 2 NO	
BY FUNERAL	P.O. BOX 11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2 NO If yes, specify Cuban, Mexic					n, Puarto Ric			S . A . 4. RACE — American Indian, Black, White, etc. Specify:	
COMPLETED B	15. DEC (Specify only Elementary/Secondary (0	16	Se. DECEDENT' (Give kind of	work done o			ng	16b. K	IND OF BU	SINESS/INDUS	White			
MP	12 yrs.				Supe	rviso	r				ars			
	17. FATHER'S NAME (First, M	iddie, Last) Charle	S	S	chmidt				HER'S NA	ME (First, Mic		Surname)		
BE	19a. INFORMANT'S NAME (7				_	G ADDRESS	(Street a			Route Number		n, State, Zip C	Code)	
5	Kenneth G.	Blair												
	20a, METHOD OF DISPOSIT			20b. Pi	LACE OF DISPO					and Line, Md. 21105 20c. LOCATION — City or Town, State				
	4 □ Donation S □ Other	(Specify)			Oak Lawn Cemetery 2/6/90						Ва	ltimor	e, Md.	
	21. SIGNATURE OF FUNCTION	lied.		R	uck		son E	Tunera		me, In				
N	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a. Due To	(OR AS A CI	ONSEQUENCE	Par	4 .	LW.		m es cerdie	c or reap	iratory arres	Approximate interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL	PART II. Other eignifice	nt condition	e contributing to	deeth but	not reaulting	In the un	derlyln	g cause	given in		PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SIA	25. WAS CASE REFERRED T	O MEDICAL				·		LACE OF E	DEATH (Ch	neck only one)				
SIC	1 WES 2 NO		HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA	4 Nur		10 5 □ R	aaldence	a 🗆 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending investigation	28a. DATE Of (Month, i		28b. Ti	ME OF NJURY M		URY AT ORK? YES 2 [□ NO	28d, DEŞC	RIBE HOW	INJURY OCCU	JRED	
	3 Suicide 8 4 Homicide	Could not be determined	28s. PLACE (building	OF INJURY , atc. (Specify)	At home, ferm	, street, faci	ory, offic				ION (Street Town, State		r Rural Route Number,	
S Could not be datarmined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.														
BE	296. SIGNATURE AND TITLE	OF GERTIFIER	BK	M	D			29c LIC	L 3	MBER 335		29d. DATE	SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS D	ux	O COMPLETED CAL	>	24) (6)	4	Ida	ml	Cd	C	ocke	ysville Md	
	31. DATE FILED (Month, Day,	1990	32. REGISTR	AR'S SIGNATI	URE								V	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retrieved to The FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

In use as the burial-transit permit. Pages 1, 2, 3 should

III or attending physician. 1 21203-3146

								2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEATH			
Lena S.								02	C		90	10:15A			
	5. SEX	6. AGE (in yrs. lesi		F UNDER 1 YE	_	IF UNDER	24 HRS.		DE BIRTH Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign			
141-22-4831	1 M 2 K F	84	YRS.	SONTHS DO		HOUNS	Mirt.	1/11/06			BRC	OKLYN, N.Y			
9a. FACILITY NAME (If not institution, give stre	et and number)			9b. CITY, TO	WN OR	LOCATIO	ON OF DE	HTA		9c. COU	NTY OF D	EATH			
Wicomico Nurs	ing Home	9		Sa	lis	bur	v			W	Wicomico				
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			I see CITY	TOWN OR L			,				10d. INSIDE CITY				
MD. WICOMI	co			BRON							LIMITS? 1 YES 2 NO				
10e. STREET AND NUMBER						ZIP CODE						VHAT COUNTRY?			
BOX 161, QUARTERMI	ILL ROAD				-	2183	0			U.S	.A.				
Markey St. Co., Land St. Co.,	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AR							? (Specify Yes	or No-	14. RACE Black	American Indian, c, White, etc.			
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W			If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 ANO Specify: WHI							Hy:				
15. DECEDENT'S EDUCA (Specify only highest grade of		(Gi	ive kind of wo	SUAL OCCU	PATION	of working	g	16b.	KIND OF BUS	BINESS/INC	DUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5 +	·) lite.	Do NOT use	retired.)											
HOMEMAKER															
17. FATHER'S NAME (First, Middle, Last)									fiddle, Maiden	Surname)					
LESSEMAN FREDA															
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
CAROLINE ELINSKY, (daughter) 106-W Summit House, West Chester, Pa 19380															
20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remot 2 ☐ Donation 5 ☐ Other (Specify)		20b. PLACE other pla	ece)		of ceme	etery, crem	natory or		20c. LO	CATION —	City or To	rwn, State			
23. PART I. Enter the diseases, or construction or heart fellure. L. IMMEDIATE CAUSE (Finel disease or condition	emplications the lst only one cau	2-5 It caused the desire on sech line	ath. Do no	ot enter the	mod	le of dyl				•		Approximata Interval Between Onset and Des			
resulting in deeth) a															
Arteriosclerotic Cerebral Vascular Disease															
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):														
CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSEC	OUENCE OF):											
d.	•														
PART II. Other eignificant conditions	contributing to	death but not r	rasulting ir	the unde	rlylng	ceuse	given in	Part i.	24a. WAS AN PERFOR	RMED?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
												1 TES 2 NO			
	1 YES 2 NO														
-	HOSPITAL			25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
EXAMINER?	HOSPITAL:	ER/Outpatient 3				5 🗆 Re	esidence	6 🗆 Othe	r (Specify)						
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending		INJURY		OTHER: 4 (XNursing OF 28 JRY	Home C. INJU WOR	IRY AT			(Specify)	NJURY OC	CURED				
EXAMINER? 1 ☐ YES 2 ☐ XNO 27. MANNER OF DEATH	1 Inpatient 2 Inpa	INJURY	28b. TIME	OTHER: 4 [XNuming OF 28 JRY	c. INJU WOR	IRY AT		28d. DES		end Numbe		Route Number,			
EXAMNER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only) 1 X CERTIFYING PHYSIC	26e. DATE OF (Month, D 26e. PLACE Of building,	INJURY ay, Year) F INJURY — At he etc. (Specify) my knowledge, de	28b. TIME 28b. TIME INJU	OTHER: 4 [XNursing OF 28 JRY M 1	Home c. INJU WOR YE , office	IRY AT RK? ES 2 [NO No, end due	28d. DES 26f. LOC City	ATION (Street or Fown, State)	end Numbe	r or Rural				
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	26e. DATE OF (Month, D 26e. PLACE Of building,	INJURY ay, Year) F INJURY — At he etc. (Specify) my knowledge, de	28b. TIME 28b. TIME INJU	OTHER: 4 [XNursing OF 28 JRY M 1	Home C. INJU WOR VE office	PRY AT RK? ES 2 [NO No, end due	26f. LOC City to the cast	ATION (Street or Fown, State)	end Numbe	r or Rural	Route Number, a) end manner as stated (Month, Day, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Brint)

MD

3 Bay St.

Berlin, Md. 21811

Federico G. Arthes,

31. DATE FEB 10 6 10 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1-OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Oscar Berman 2-3-90 0700 M										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lies) birthday) 118-28-2056 5. SEX 8. AGE (In yrs. lies) birthday) 82 YRS. 6. AGE (In yrs. lies) birthday) 82 YRS. 6. AGE (In yrs. lies) birthday) 82 YRS. 83 YRS. 84 HOURS 85 HOURS 86 HOURS 87. DATE OF BIRTH Country New York										
TOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Washington Adventist Hospital Takoma Park Montgomery										
EG	RESIDENCE OF DECEDENT										
L DIR	10a. STATE 10b. COUNTY Maryland 10b. COUNTY Takoma Park 10c. CITY, TOWN OR LOCATION Takoma Park 10b. ZIP CODE 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. CITYEN OR WHAT COUNTRY 10d. CITYEN OR WHAT COUNTRY 10d. CITYEN OR WHAT COUNTRY 10d. CITYEN OR WHAT COUNTRY 10d. CITYEN OR WHAT COUNTRY 10d. CITYEN OR WHAT COUNTRY 10d. CITY 10d. INSIDE CITY										
FUNERAL DIRECTOR	7051 Carroll Avenue 20912 U. S. A.										
B∀	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 ANO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 16. RACE — American Indian, Black, White, etc. 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 18. RACE — American Indian, Black, White, etc. 19. Was Decendent of Hispanic Origin? (Specify Yes or No-Black, White, etc.) 19. Was Decendent of Hispanic Origin? (Specify Yes or No-Black, White, etc.)										
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+) Co										
BE CON	17. FATHER'S NAME (First, Middle, Last) Chaim Berman 18. MOTHER'S NAME (First, Middle, Maiden Surname) Adela Katz										
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Fred M. Berman 8 Valley View Avenue, Takoma Park, Maryland 20912										
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cometer), cremetory or other place), Lakeside Memorial Park Miami, Florida										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MEMORIAL FUNERAL HOME 23. NAME AND ADDRESS OF FACILITY MEMORIAL FUNERAL HOME										
	232 CARROLL STREET, N. W., WASHINGTON, D. C										
Z	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each fine. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO NO NO NO NO NO										
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL.										
SIC	EXAMINER? 1 YES 2 NO 1 Impettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
Y PHYSICIAN:	27. MANNER OF CEATH 1 Netural 5 Pending (Month, Day, Year) 28b. DATE OF INJURY (Month, Day, Year) 28b. DATE OF INJURY WORK? 1 YES 2 NO										
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. 2 MEDICAL STATES: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated.										
BE	290. SIGNATURE AND TITLE OF CENTIFIER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 3 February										
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

ARYLAND 21203-3146

BALTIMORE,

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ND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MAR	ATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) John			B€	ea				2. DATE MONTH	0F DEATH DA	,		7:57AM M	
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	1 24 HRS.		OF BIRTH , Day, Year)		6. BIRTHPL Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give a		53	YRS.	9b. CITY	TOWN C	R LOCATI	ON OF DE		-11-36	9c. COUN	VIROT DEA	GINIA	
OR	2404 Lakeview Av							City			N/A			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c. CITY	TOWN C	R LOCAT	ION						0d. INSIDE CITY	
DIR	MARYLAND N/A			BA	LTI	10RE						LIMITS?		
1AL	10e. STREET AND NUMBER					_	ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?	
FUNERAL	2404 LAKEVIEW AV	ENUE	ED IN II C ADS	MED	1 12 1	WES DEC	212		IC OBIGIN	? (Specify Yes	USA		- American Indian.	
B	1 Never Married 2 Married 3 M Widowed 4 Divorced	FORCES? 1 1	YES 2/LAN			f yes, spi	city Cubi	Specify	n, Puerto F		or No.		White, etc.	
日	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working													
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)		DO NOT USE OUTHE		ייי א ייי								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			JUTHE	INI	OIAI.		HER'S NAI	ME (First, A	fiddle, Maiden S	Sumame)			
5 1	JOHN BEA JR.									ROCKET				
2	19a, INFORMANT'S NAME (Type/Print) ORDINE MAYNOR			5104						er, City or Town	, State, Zip	Code)		
TO BE	20a. METHOD OF DISPOSITION		20b. PLACE (OF DISPOS					1200)	V	CATION — C	City or Town	n, Stata	
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗆 Donation 5 🗆 Other (Specify)		WEST							BALT	IMOR	E, M/	ARYLAND	
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	23. PART I. Enter the diseases, or	car.	100	ω									33 (21223) Approximate	
	ahock, or haart fellure.	List only one cause of	on each line.	- III. DO II	ot enter	ure mo	de Di dy	ring, suci	n as care	пас от геарп	amy arr	rat,	Interval Between	
event, me	disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	b DUE TO (OR	AS A CONSEC	NUENCE OF	7):									
FICE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR	AS A CONSEC	NUENCE OF):			<u>_</u>						
ERTIFIC	resulting in death) LAST	d						_						
	PART II. Other aignificent condition	ns contributing to dea	th but not n	esuiting i	n the ur	nderlyln	cause	given in	Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS	
JICAL									_ 1	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME									_				YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF I	DEATH (Ch	eck only on	a)				
SICI	EXAMINER?	HOSPITAL:	/Outputient 3	□ DOA	OTHE	R:		lesidence						
BY PHYSICIAN: MEDI	27. MANNER DF DEATH 22. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, N		28b. TIME	E OF URY M		URY AT PRK? YES 2 [□ ND	28d. DES	CRIBE HOW II	NJURY OCC	URED		
TED 28	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.		me, ferm, s	treet, fac	tory, offic	•			ATION (Street a or Town, State)	ind Number	or Rural Ro	ute Number,	
O BE COMPLETED	one)	SICIAN: To the best of my IER: On the basis of exami											and manner as stated.	
E C	2 III NATURE AND TITLE OF CERTIFIE						29c. LIC	ENSE NUI	MBER		29d. DATE	E SIGNED (Month, Day, Year)	
TO BE	Mugher fre	free					0	CME			>	2-2	- 90	
	30. NAME AND ADDRESS OF PERSON W MARGARITA A. KO	RELL,MD		1	Print)	Penn	Str	eet,	Balt:	Lmore,	MD 21	.201	V	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S	SIGNATURE											
	FEB 0 6 1990	74 minima	- 1										DHMH-16 Bay 1/	

MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DECEOENT'S NAME (First,								2. DATE OF OEATN MONTH		3. TIME OF OEATH			
PREP E								1 3		10:45 Au			
217127	25107		76					(Month, Day, Year)	Cou	TNPLACE (State or Foreign ntry)			
BONSEC	ours,		AL										
ESIDENCE OF DEC	10b. COUNTY			10c. CITY	TOWN OR L	OCATION	10d. #46/OE CITY						
MD.	C	174				mor				YES 2 NO			
	DEN H	IALL	G	-6		101. ZIP CODE 109. CITIZEN OF WORAT COUNTRY? 2/2 30							
_	Married	12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AD YES 2 NAR OR DATES	MED	If yes	s, specify Cui	ban, Mexica	n, Puerto Rican, etc.)	Bit	CE — American Indian, ock, White, etc.			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Be DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)													
RETIRED TRUCK DrivER													
HENRY BURTON MAMIE CUNNINGHAM													
19a. INFORMANT'S NAME (Type/Print) HEIEN WEEMS 911 LEADENHAIL ST. Apt G6 (21230)													
Burial 2 - Crematio	n 3 🗆 Remov	al from State	A other of	non!		TAR	CE	M. BA		Town, Stata			
SIGNATURE OF FUNERA	L SERVICE LICE	NSEE (Jone		_		1000 01 170	O'TON' I	POR	0X 4457			
3. PART I. Enter the d	Iseeses, or co	mplicetions the	et coused the de	ath. Do n	ot enter the					Approximate			
ahock, or heert failure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):													
Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST													
d.													
PERFORMED? 1 YES 2 NO COMPLETION OF CAU OF DEATH?													
								_		1 YES 2 NO			
EXAMINER?					OTHER:	6. PLACE OF	DEATH (Ch	eck only one)					
MANNER OF DEATH		28a. DATE OF	FINJURY	28b. TIME	E OF 280 URY		Residence		INJURY OCCURED				
2 Accident 3 Suicide 8	Investigation Could not be	28a. PLACE (building	OF INJURY — At he atc. (Specify)	ome, farm, a			□ NO			sl Route Number,			
a. CERTIFIER 1 CERT	TIFYING PHYSICI												
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 1)													
h SIGNATURE AND THE	OF CERTIFIED					29C. L	CENSE NUN	MDCM	ZVO. DATE SIGN	ED (Month, Day, Year)			
	ulin	Com					D42	160	•				
NAME AND ADDRESS OF	ulin	COMPLETED CAL	JSE OF DEATN (ITE	М 27) (Туре,	Print)		D42	161	>				
	F PERSON WHO				Print)		DY2	21	>				
	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER 2	SOCIAL SECURITY NUMBER 2	SOCIAL SECURITY NUMBER 2	SOCIAL SECURITY NUMBER 2	SOCIAL SECURITY NUMBER 2	SOCIAL SECURITY NUMBER 2 7 2 7 402 1 1 2 1 1 1 1 1 1	SCURITY NUMBER 2 S. A. A. A. A. C. (In yrs. lest birmday) FUNDER YEAR FUNDER 24 HER.	SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER 1, SEX 17	SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER 30 CALL FOR PRINT ALMS			

	æ	-	2
10.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral has such as the completely filled in by the funeral has such as the completely filled in by the funeral has such as the completely filled in by the funeral has such as the completely filled in by the funeral has such as the completely filled in by the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely filled in the funeral function of the completely function of the completely filled in th	through while it from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
	after i	y the	iea
0	SUP	d ni	nedi
		filled	he n
	vithin	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the second control of the completely filled in by the second control of the contro	mt, 1
	> De	dmo	2
	xecut	and c	atic
	be e	slan n	Line
	ate	TySic Inch	2
	artific	ld Or	othe
	h ce	E S	10
	deat	afte	7
	the	£ 2	E
	that	D 4	À
	res	igne	2
	redu	neg of I	hou
	WE	as be	23
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)	PH	this will	arke
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								90 0274			
	1 - STATE REGISTRAR	STATE OF MARYLAI		TMENT OF		MENTAL HYGIEN REG. NO	Ε				
	1. SECEPENT'S NAME (First, Middle, Last)			Atherin	e Baker)	2. DATE OF OEATH	1998	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-10-2156	1 □ M 2 □ (F 8	yrs. lest birthday) 4 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-26-19	Balto. City				
æ	9a. FACILITY NAME (If not institution, give s Dulaney Towson	armonia series.			OR LOCATION OF DE	EATH	Balto. Co.				
50	RESIDENCE OF DECEDENT						Daire				
DIRECTOR		Baltimore	10c, CIT	Y, TOWN OR LOC		Balto	10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10a. STREET AND NUMBER	5.4			IOF. ZIP CODE			OF WHAT COUNTRY?			
N.	10131 Fontaine	DTIVE 12. WAS DECEDENT EVER IN U	I S ADMED	12 WMC D	21234	NIC ORIGIN? (Specify Yes		BACE — American Indian.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 1 NO	If yes,	specify Cuban, Maxica ES 2 NO Specify	n, Puerto Rican, etc.)	or No = 14.	Black, White, etc. Specify: White			
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th 16e. DECEDENT'S USUAL OCCUPATION (Glive kind of work done during most of working life. Do NOT use retired.) Shirt Presser Fulton Grand Lau: 16. MOTHER'S NAME (First, Middle, Last)											
BE	John Butler	n, State, Zip Co	rial								
5	Margaret A. Bat	21234									
	26a. METHOD OF DISPOSITION 1	cation — city	or Town, State								
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE									
uw.	► Kathlew M. Murphy John C. Miller, Inc. 6415 Bell Balto. I										
N	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	Approximate Interval Between Onset and Death									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C									
- 1	PART ii. Other algolficant condition	ne contributing to death but	t not requiting	in the underly	ing anne sime in	Bort I Car une au	ALFRODOV	AN WEDS AUTORON SUBMICS			
PHYSICIAN: MEDICAL	L E	ENAL F	_	Link.	ing cause given in	Part J. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	neck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpat	lent 3 DOA	OTHER: 4 - Nursing H	ome 6 🗆 Residence	6 Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	REO			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY – building, atc. (Specif)	At home, farm,	street, factory, of	Hice	281. LOCATION (Street City or Town, State		Rural Route Number,			
Suitede 6 Could not be detarmined building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner											
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	n «	MI)	29c. LICENSE NUI	MBER 3 / R	29d. DATE S	IGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type	e, Print)				770			
	KURFRI	W/ LIST.		17/	1) Time	Much M	7	2/093			
	31. DATE FILED (Month, Day, Yoar) FFB (6 1990	M. LE C. 32. REGISTRAR'S SIGNAT Whis Davidson-Rand	TURE	571	W. Jimo	www. K	o T	Md.			

ENND 21203-3146

BALTIMORE, M

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not

	FOR STATE REGISTRAR			CERTIF	RTMENT OF			MENTA	L HYGIE!			02/40	
	1. DECEDENT'S NAME (First, Middle, Last)		OTHY	BURGIS	ON			MONT		DAY	YEAR	3. TIME OF DEATH	
	MARY D. BURG	ISON Talsex	6. AGE (In v	rs. last birthday)	IF UNDER 1 YEA	IF LINO	ER 24 HRS.	_	3/90 OF BIRTH	1	6 BIRTI	13:55 a M	
	216-03-1860	1 🗆 M 2 💢 F	78	YRS.	MONTHS DAY	HOURS	MIN.	DEC	h, Day, Year) 11,1	Country)			
LOR	9a. FACILITY NAME (If not institution, give s ST. AGNES HOSPITA RESIDENCE OF DECEDENT				96. CITY, TOW BALT	TION OF D	EATH		DEATH				
DIRECTOR	10a. STATE 10b. COUNT	ALTIMORE			TY, TOWN OR LO							10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 305 GLENMORE AVEN	WE				101. ZIP CO	DE 228			10g. CITI		WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	T YES	2 NO	if yes,	ECENDENT apacify Cul ES 2 X NO	en, Maxic	an, Puarto	Y? (Specify Ye Rican, atc.)	ns or No	14. RAC Blac Spec	E — American Indian, k, White, etc. ify: WHITE	
TED	15. DECEDENT'S EDU (Specify only highest grade		Give kind of	B USUAL OCCUPA work done during	TION most of work	king	16t	. KIND OF BI	JSINESS/IND	USTRY			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1 (Give kind of work done during most of working life. Do NOT use retired.) BANKER									ING			
BE COI	17. FATHER'S NAME (First, Middle, Last) GEORGE RAYMOND		ARY		Middle, Maide								
TO B	19a. INFORMANT'S NAME (Type/Print) RAYMOND M. BURGISON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 305 GLENMORE AVENUE, CATON SVILLE, MD.											1228	
	20a METHOD OF DISPOSITION 1X Aburlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) DULANEY VALLEY MEMORIAL PARK TIMONIUM, MARYLAND												
	21. SIGNATURE OF FUNCEAU LETWICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 2122 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
CERTIFICATION	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) a. Hemopericardium, acute, 250 ml. DUE TO (OR AS A CONSEQUENCE OF): b. Perforation left ventricle at apex DUE TO (OR AS A CONSEQUENCE OF): c. Myocardial infarction, acute DUE TO (OR AS A CONSEQUENCE OF): Tresulting in desth) LAST DUE TO (OR AS A CONSEQUENCE OF):											Interval Between Onset and Death	
MEDICAL	PART II. Other significant condition	not resulting	in the underl	ring cause	given in	Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 XYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF	DEATH /C	thack only o	ne)				
SICI	EXAMINER? 1 YES 2 XHO	HOSPITAL:	☐ ER/Outpetik	ent 3 🗆 DOA	OTHER:								
PHYSICIAN:	27. MANNER OF DEATH	26s. DATE O		26b. TI		INJURY AT WORK?		7	SCRIBE HOW	INJURY OC	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		OF INJURY —		M 1	YES 2	□ NO	261. LOI	CATION (Street or Town, State	t and Number	or Rural	Route Number,	
COMPLETED	4 Homicide datermined 29a. CERTIFIER 1 CERTIFYING PHYS				rad at the time	ate and ple	re and du				lad		
OMF	nee!											a) and menner as stated.	
BE	29d. LICENSE NUMBER 29d. DATE SIGNED (Month) D09990 2/3/90												
10	Michael E. Pelcz					1 0	00 C	aton	Δve	Ral+	0	Md 21220	
Michael E. Pelczar, M.D., St. Agnes Hospital, 900 Caton Ave., Balto., Md. 21229 31. DATE FILED (Month, Day, Year) FEB 06 1990 32. FEB 32. FE													

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jury after death, Page 6 in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner may

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle I set)								2. DATE OF D	EATN.			3. TIME OF DEATN
	HELEN LO	RETTA	BURROUG							FEBRUA	RY 3	, 19		12:35 P. M
	4. SOCIAL SECURITY NUMBER 216-40-21		5. SEX 1 M 2 X F	6. AGE (In yrs. 91	lest birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day Feb. 2	(Year)	898	Country	PLACE (State or Foreign yland
~	9e. FACILITY NAME (If not in					9b. CITY	, TOWN C	R LOCATI	ON OF DE		, ,	9c. COU	NTY OF DE	EATH
СТО	RESIDENCE OF DEC			Center				vson				Bal	timo	
DIRE	Maryland	10b. COUNTY	r Baltimore	ž		y, town o ltimo		ION			10d. INSIDE CITY LIMITS? 1 YES 2 M NO			
RAL	100. STREET AND NUMBER 529 Windy	vood Re	1.		10f. ZIP CODE 21212					10g. CITIZEN OF WI				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divo	Merried	12. WAS DECEDEN	YES 2	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)									
	15. DEC	EDENT'S EDU		18e.	DECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KINI	D OF BUS	INESS/INE	DUSTRY	White
BE COMPLETED	Elementary/Secondary (0 8 Years	(Give kind of Me. Do NOT u Mati	se retired.)	aunng mo	st or worki	10	Balt	imor	re Po	olice	Dept.			
SE CO	17. FATNER'S NAME (Flist, M UNKNOWN						Unkr	ME (First, Middle 10WN						
Henry W. Koehler 1312 Denley Rd. Towson, Md. 21204														
	20e. METNOD OF DISPOSIT 1 [X] Burlet 2 Cremetic 4 Donetion 5 Other	n 3 🗆 Rem	oval from State	20b. PLA	t Hol	y Rec	deem	netery, crer er Ce	metory or emete	ery			or Tor	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc.												21212		
CERTIFICATION	23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuly)	ina.	Olum Pi: Li				Page			reat,	Approximate interval Between Onset and Death Sypans.			
	resulting in death) LAS		d.	do ath hut no		In the su	a da ala las			Dat la				
: MEDICAL	Coberen							art i. 24a. WAS AN AUTOPSY PERFORMED? 1 Ures 2 NO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF E	EATH (Ch	eck only one)		_		
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH		1 Inpetient 2 (28e. DATE Of (Month, L	INJURY	28b. TH	4 Die	sing Hon 28c. IN.	URY AT	esidence	6 Cher (Sp. 28d, DESCRIE	-	JURY OC	CURED	
ED BY F	2 Accident 3 Suicide 6	Pending Investigation Could not be	28e. PLACE (OF INJURY — At		М	1 🗆	YES 2	NO NO	281. LOCATIO City or To	N (Street a	nd Numbe	or or Rural R	loute Number,
LETE	4 Homicide	determined	CIAN: To the best of	my knowledge	death occur	rad at the	time dete	and place	and due	to the cause/s) and man	ner se ete	ted	
29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(a) end manner as stated. MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner.) and manner as stated.			
BE	CLUMBERY C	LEW Q	n udouSe	me)				ENSE NUI					(Month, Day, Year) - 63 - 90
10	Anthory	A. L.	EWANDO	WSKI	m.0	, Print)	205,	Pi	ENDE	- Drive	7	ows	on M	-03-90 1d 21204
	FEB 06 199	O S	32. DEGISTR	AR'S CHANTUR	te.									

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after earth. The retained by the hos	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the lumber accountations. S should be detache filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	A.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the # be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ite
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31. DATE FILED (Month, Day, Year)
FFR 06 1990

	1 - FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEN RTIFICAT			MEN	ITAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Birber						OATE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 013-18-5926		in yrs. lest bir	YRS. IF UNDI	DAYS	IF UNDER 24 HRS HOURS MIN	. (ATE OF BIRTH Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
E C	90. FACELITY NAME (If not institution, give st Holy Cross Hospita					Spring,	DEATH		9c. COUN	TY OF D	EATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		-10	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
AL DI	Maryland Montgo	mery	ا	Silver	Spri	. ZIP CODE	-		10g. CITIZ	EN OF W	YES 2 NO
NER.	9407 Garwood St.	III ADME	20901 U.S.							A - of - of -	
B≼	1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMET NO ATES 41-Maj	1 VES 2X NO Specific						:— American Indian, c, White, atc. Ty: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give I life. Do	DENT'S USUAL kind of work done NOT use retired.	during mo	et of working		16b. KIND OF BUS			
OMPI	0-12 17. FATHER'S NAME (First, Middle, Last)	4 +2	Rice	Mkt.	Spec		NAME (F	Dept. o		icul	Lture
BE C	Robert Bieber, Si	•				Mary	Shee	ehan			
5	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Fred Bieber 9407 Garwood St Silver Spring, MD 20901										
	20e. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Remet 4 ☑ Donation 5 □ Other (Specify)	oval from State	other place)								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / / GG	orget	own Me	dica NAME A Ober	L Schoo TO ADDRESS OF t G. Ma	FACILIT SON	Funeral	hingt Home	on, . IN	D.C. IC
	2400	in		1	661	Good Ho	pe I	Rd SE W	ash D	C 20	0020
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	emplications that caused List Dnly one cause Dn e	conseque	1 10				Skal	,	est,	Approximste Interval Between Onset and Death 3 to-ks
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A		ENCE OF):	erus	elerson					425
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Parkinsonian 1 yes 2 100							RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	antlant 2 [OTHI	ER:	ACE OF DEATH					
PHY	27. MANNER OF DEATH 1 N Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)			3 DOA 4 Nursing Home 5 Residence 28b. TIME OF RINJURY AT WORK? M 1 YES 2 NO				S LI Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home,						itreet and Number or Rural Route Number, State)		
COMPLET	anal and	CIAN: To the best of my know R: On the basis of examination									a) and manner as stated.
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIES	-al	7	m		29c. LICENSE	NUMBER		29d. DATE	SIGNED	(Mgnth, Day, Year)
F	A. T. B. C. T. C. Sar J. C	O COMPLETEO CAUSE OF OE M D 32. REGISTRAR'S SIGN	4115		0 1	DRIVE,	W	LeaTon	, 711	d.	20906

ARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nedistrian					10/11	- 01			rı.	EG. 190.			
	1. DECEDENT'S NAME (First, I	1-10.	hn	Dexter		C	mar			2. DATE OF D	D4	NΥ	YEAR	3. TIME OF DEATH 7:35AM M
	4. SOCIAL SECURITY NUMBER		ohn Dexter 5. Sex 8. Age (in yrs. lest bir.		facieth elec d	COMEY () IF UNDER 1 YEAR IF UNDER 24 HR			04.450	1-24-90			A DIFFUS	LACE (State or Foreign
	4. SOCIAL SECONITY NOMBE	an .	1 X M 2 □ F	21	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day		68	Country)	N . Y .
	9e. FACILITY NAME (If not inst	titution, give si	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
S.	3500 block Springdale						Baltimore City							
5	RESIDENCE OF DECI	EDENT												
W I		10b. COUNTY	,			Y, TOWN		ION						10d. INSIDE CITY LIMITS?
۵	Md 100. STREET AND NUMBER				Ba	ltimo								1XXYES 2 NO
FUNERAL DIRECTOR	1624 N. Hi	1+ on	Stroot				100	. ZIP COD 21	216			1.5	S A	HAT COUNTRY?
ž I	11. MARITAL STATUS	ILUII		IT EVER IN U.S. ARI	MED	13	WAS DEC			IIC ORIGIN? (Sp	acify Vac	_		- American Indian.
립	1 Never Merried 2 XX	Merried	FORCES?	YES 2 XXN			If yee, sp	city Cubi	n, Mexica	n, Puerto Ricen		01 110-	Black,	White, atc.
A	3 Widowed 4 Divor		IF YES, GIVE	WAR OR DATES			1 [] YES	2 √\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Specify	7.			Specify	black
	15. DECE	DENT'S EDU	CATION	16a. DEG	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIN	D OF BUS	SINESS/INC	DUSTRY	
	(Specify only Elementery/Secondery (0-	highest grade	completed) College (1-4 or 5	life.	ve kind of a Do NOT us	work done se retired.)	during mo	st of worki	ng					
COMPLETED		,		"										
8	17. FATHER'S NAME (First, Mid	ddle, Last)						18. MOT	HER'S NA	ME (First, Middle	e, Maiden	Surname)		
BE C	Emmitt M	orela	nd					Ve	ndet	ta Fa	irle	У		
TO B	190. INFORMANT'S NAME (79) Nuyen Com			196	MAILING	N. H	s (Street a	nd Number n St	r or Rural F reet	Balto	, Mo	n, State Zir 212	16 Code)	
	20e, METHOD OF DISPOSITIO	n 3 🗆 Reme	oval from State	20b. PLACE (other pis	OF DISPO	sition (Na tern	sme of cer Sta	netery, crer	mete	ry	20c. LO	CATION -	city or Tow	rn, State , Md
- 1	21. SIGNATURE OF FUNERAL		ENSEE			22.	NAME A	ID ADDRE	SS OF FA	CILITY				
	· Sa	la	Ma	rich		4	Marc 4300	h F/	H W abasl	est h Aveni	ue			
	23. PART I, Entar the die	easee, or o	complications the	at caused the de	eth. Do i	not anter	tha mo	de of dy	ing, auc	h ee cardiec	or respi	ratory er	reet,	Approximete
	shock, or he IMMEDIATE CAUSE (Fine		List only one ca	uee on each line										Interval Between Oneet and Death
	disease or condition CARDITAC ARRIVATION A													
ł	resulting in deeth)			(OR AS A CONSEC		F):								1
z			MYOCARD]	AL FIBRO	SIS									
MEDICAL CERTIFICATION	Sequentially list condition if any, leading to immed	liete	DUE TO	(OR AS A CONSEC	OUENCE O	F):								
2	cause. Enter UNDERLYIN CAUSE (Disease or injur		c			28								
	that initiated events regulting in death) LAST		OUE TO	(OR AS A CONSEC	OUENCE O	F):								
H			d											-
١٢	PART II. Other eignificar	nt condition	e contributing to	deeth but not n	eeulting	in the u	nderiyin	g cauee	given in	Part i. 24s		AUTOPSY		WERE AUTOPSY FINDINGS
2										373	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										— ²¹⁴	SAMES 2	□ NO		OF DEATH?
										-				XXES 2 NO
N N	25. WAS CASE REFERRED TO	MEDICAL												
<u> </u>	EXAMINER?	MEDICAL	HOSPITAL:			OTHE	R:			eck only one)		CCI	ENE	
PHYSICIAN:	27. MANNER OF DEATH		1 L Inpatient 2	ER/Outpatient 3	□ DOA		28c, INJ		e eldence 2	Other (Sp				
古	3.5	Pending		Day, Year)		JURY		RK7	≱ NO	28d. OEŞCRII	BE HOW I	NJUHT OC	COHEO	
BY	2 Accident	nveatigation	28e PLACE	OF INJURY — At ho	me term	street for			ę 110	281, LOCATIO	M /Stmat /	and Numba	e or Rumi Br	nute Mumber
G		Could not be letermined	building	, etc. (Specify)	nie, wiiii,	atreet, lec	iory, ornic				wn, State)		or nural no	oute Number,
<u> </u>	29e. CERTIFIER				_		_							
COMPLETED	(Check only			f my knowledge, de examination end/or i										and manner ee stated.
BE	291_MICHARDINE AND FITLE	OF CERTIFIE	Hu	n				29c. LIC	ENSE NUI	MBER		29d. DA1	1-24	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Type	e, Print)								
	FRANK PERI	ETTI,			1	.11 F	enn	Stre	et.	Ba1tin	ore.	MD	212	201
	31. DATE FILED (Month, Day,)	(bar)	32. REGISTR	AR'S SIGNATURE										WAS T
	FEB 06	1990	graha Da	HOW MONO										

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F 23 .

MODE, MARTLAND ZIZUS-5140	age of may command by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the fune in the fune in the formal the described for use as the burdal-transit permit. Pages 1. 2, 3 should)	er must be wolflad at once.
DALI	urs after death; P	lled in by the funeral	n, Or removal.	e medical examina
DIVISION OF VITAL RECORDS, F.C. BOA 13140,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Just after death; Plage (may require by the iterapid or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the state Dept. or hearth and mental hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must Demontal at once.

31. DATE FILED (Month, Day, Year)

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF		MENTAL HYGIENI REG. NO.		f	
	1. DECEDENT'S NAME (First, Middle, Last)	CAUTION	`		2. DATE OF DEATH MONTH DA	10. YEAR	3. TIME OF DEATH	
	216205238	SEX 6. AGE (In yrs. leet	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	26 N	HPLACE (State or Foreign	
TOR	90. FACILITY NAME (If not Institution, give street BERTY RESIDENCE OF DECEDENT	EO CEN		TIMO		9c. COUNTY OF	DEATH	
DIRECTOR	10e. STATE 10b. COUNTY		10c CITY TOWN OR LOCALITY	MORI	E		10d. INSIDE CITY LIMITS? 1 2 s 2 NO	
FUNERAL	213/WINSO	R MILL RO	DAD	2120	7	10g. CITIZEN OF	S. A	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 DES 2 N IF YES, GIVE WAR OR DATES	IO If yes,	ECENDENT OF HISPAR specify Cuben, Mexica ES 2 PMO Specify		or No— 14. RAC Black	E — American Indian, ok, White, etc. cyty:	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	npleted) (Gi	CEDENT'S USUAL OCCUPA we kind of work done during Do NOT use retired.)		18b. KIND OF BUS	INESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) ALTER	UTION		18. MOTHER'S NA	ME (First, Middle, Melden :	DUVA	924	
10	190. INFORMANT'S NAME (Type/Print) CATHERINE F.	ERNADAZ	BOX622 F	LOCUST	GRARE	OFIHECA	32508 WOD VA	
	20e. METHOD OF DISPOSITION 1 (\$\int_{\text{duriel}} \text{2 \cap Cremetion} 3 \cap Removes 4 \cap Donetion 5 \cap Other (Specify)	from State	rrison 1	TORKST	VA BA	CATION — City or T	own, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	RUSED	22. NIME 20.	and address of fa SABA 22 W. A	CORTES 1	740 S	2146	
	IMMEDIATE CAUSE (Final	t only one cause on each lina	•			ratory arrest,	Approximate interval Between Onset and Death	
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ATION	Sequentially list conditions, If any, leading to immediata							
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-1	PART ii. Other significant conditions c	ontributing to death but not r	esuiting in the underly	ing cause given in	Part I, 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS	
MEDICAL	PART II. Other significant conditions c	contributing to deeth but not receding	esulting in the underly	ing cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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uires that the	L OMECTOR: After this certificate has been signed by the attending physician and competitor filmed in by the Phours after death with the State Dept. of Health and Mental Hygiene prior to burial, committee or minimals.	I item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exeminer must be notified at once.
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NG PHYSICIA	her this certificant with the	marked, or
OR ATTENDA	DIRECTOR: A hours after do	Hern 28 is
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1. OECEDENT'S NAME (First,	, Middle, Last)							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
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4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yra.		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	(Mont	OF BIRTH		e. BIRT	HPLACE (State or Foreign try)
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11, MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.		13. WAS DE	CENDENT	OF HISPA	NIC ORION	N? (Specify Y Rican, atc.)	es or No-	14. RAC	E - American Indian, ck, White, etc.
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17. FATHER'S NAME (First, M	liddle, Lest)	HONE		JALES		18, MOT	THER'S N.	AME (First.	Middle, Meide		LECI	. KIC
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190, INFORMANT'S NAME (ADDRESS (Street	and Numbe	er or Rumi	Route Nurr	ber City or To	wn. State. Z	Ip Code)	
MARILYN	Α.	COVER		7906	OAKWO	OD R	ROAD	GLEN	BURN	IE, M	IARYI	AND 21061
20a. METHOD OF DISPOSIT			20b. PLA	CE OF DISPO	SITION (Name of o	emetery, cre	matory or		20c. L	OCATION -	- City or T	own, State
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 02 02 C. CALLAHAN 90 3:00 P 84 **JEANNETTE** 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 03-12-00 MARYLAND MONTHS DAYS HOURS 214-22-8481 1 M 2XXF 89 YRS 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH CHAPEL HILL CONVALESCENT HOME RANDALLSTOWN BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10e STATE 10d. INSIDE CITY LIMITS? ANNE ARUNDEL CROFTON MARYLAND 1 TES 2X NO 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1519 CROFTON PARKWAY 21114 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 8 3 X Widowed 4 Divorced WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) BOOKKEEPER LABORATORY SUPPLIES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **GEORGE** COOK HARRIETT THOMAS 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EDWARD J. CALLAHAN III 1519 CROFTON PKWY CROFTON, MD 21114 20e. METHOD OF DISPOSITION
VIV Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State CATHEDRAL CEMETERY NEW BALTIMORE.MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
LEROY M & RUSSELL C WITZKE FUNERAL HOME Lussell Ca: La 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23. PART I. Enter the diseases, or complications trist caused fire death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition HEUTE CARDIS RESPIRATORY ARREST DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CETHRAY. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CVA CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST ASHD PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO OF OEATH? 1 - YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 DO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 19 se 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER AD52224 PHYSICIAN 13/90 Cas. 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) + EB U to 1990 32. REGISTRAN'S SIGNATURE PANCES

detached for use as the burial-transit permit, Pages 1, 2, 3 should

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	1 - FOR STATE REGISTRAR	STATE OF MAR				HEALTH AND I	MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Elizabeth	м. С	AIN				2. OATE MONTH	Z DAY	2 9	3.	1 Z S AM
	4. SOCIAL SECURITY NUMBER 213-03-2499	5. SEX 6. A	GE (In yrs. last b		IF UNDER 1 YEAR	IF UNDER 24 HRS. NOURS MIN.	(Month	DE BIRTN Day, Year) 4-1904	8.	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st				b. CITY, TOWN	OR LOCATION OF DE		1-1904	9c. COUNTY		o. Md.
20101	Frabklin Squar			Balti						re County	
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		t0c. CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY	
	Mđ.			Baltime	ore					LIMITS?	
7	10e. STREET AND NUMBER				of, ZIP CODE			10g. CITIZEN		T COUNTRY?	
	5505 Anthony A	venue				21206			U	I.S.A	٠.
ומן ומ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 NO		If yes, s	CENDENT OF NISPAI pecify Cuban, Mexica S 2 NO Specif	n, Puerto R		or No 14	Black, W Specify:	American Indian, Thite, etc.
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPRISED	16a. DECE	EDENT'S U	SUAL OCCUPAT	ION west of working	16b.	KIND OF BUS	INESS/INDUS		HILC
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. D	lo NOT use	retired.)	cont or working					
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3	Joseph Chambers					18. MOTHER'S NA			200		
	19a. INFORMANT'S NAME (Type/Print)		190.	MAILING A	DDRESS (Street	and Number or Rural		Croghai		de)	
2	John joseph Cain .	Jr.	5			ornewood					234
	20g, METHOD OF DISPOSITION	avai from State	20b. PLACE Of other place	F DISPOSE		emetery, cremetory or			ATION City		
	4 Donation 5 Other (Specify)			lo1y		ner ceme			Balti	more	.Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 2	1			AND ADDRESS OF FA			415 Be		
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N		List only one ceuse of	en each ilne.	ive :							Approximate interval Between Onset and Death
וויייו	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	AS A CONSEQU							-	
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5	PART II. Other significant condition	e contributing to dea	th but not res	suiting in	the underlyl	na csuse alven in	Part J.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
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	1 Netural 5 Pending 2 Accident Investigation					YES 2 NO					
3	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJ building, etc. (IURY — At hom (Specify)	e, farm, st	reet, factory, off	ica	281. LOC. City	ATION (Street a or Town, State)	nd Number or	Rural Rout	te Number,
COMPLE	Torroom ormy	CIAN: To the best of my k									nd manner as stated.
7	296. SIGNATURE AND TITLE OF CERTUFIER	3				29c. LICENSE NU		. , ,	29d. DATE S	IGNED (M	onth, Day, Year)
	lauer m	OM-						I/A	1 2	12	190
	30. NAME AND ADDRESS OF PERSON WH Karen Tourian, N					re Drive			21	237	1800
	31. DATE FILED (Month, Day, Year)	32 MEGISTRAR'S						****			
- 1	FEB 06 1990 3		•								

Nospital or attending physician.	ched for use as the burial-transit permit. Pages 1, 2, 3 should		of Re.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may by promise by the inspiral or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 and the construction are as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neithed in	

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH DA			. TIME OF DEATH		
	MILDRED	SCHULER C	ASSEN			0 1	31	199	O I	10:00P⁴		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE C	F BIRTH Day, Year)	8.	BIRTHPL Country)	ACE (State or Foreign		
	216-14-3826	1 M 2 XF 92 YRS. WORLD NO. 100 MIN. 04					4/44/103/			yland		
~	9e. FACILITY NAME (If not institution, give			N OR LOCATION OF D	DEATH		9c. COUNTY					
DIRECTOR	GREATER BALTIMOR	NTER	TOWS	ON			BALT	IMOF	RE			
REC	10e. STATE 10b. COUNT	10c. CIT	Y, TOWN OR LO	CATION				10	INSIDE CITY			
		Baltimore Towson								TYES XX NO		
3AL	10e. STREET AND NUMBER	101. ZIP CODE								AT COUNTRY?		
FUNERAL	11. MARITAL STATUS	612 Bosley Avenue			21204 DECENDENT OF HISPA		- 10 M	US		A CONTRACTOR A SECURITION		
3	1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES		If yes	specify Cuben, Mexic (ESLZYZ) NO Speci	an, Puerto R		or No- 14	Black, V	- Amaricen Indien, Vhite, atc.		
BY	3) Widowed 4 Divorced	IF YES, GIVE HAN ON	DATES	''	ERTHO Sheet	ny:			Specify:	White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCUP work done during se retired.)	ATION most of working	16b.	KIND OF BUS	INESS/INDUS	TRY			
	Elementary/Secondary (0-12)	College (1-4 or 5 +)		naker	Section 1		N/A					
N N	17. FATHER'S NAME (First, Middle, Last)		_ nomer	naker	18. MOTHER'S N.	AME (First A)	<u>_</u>					
	Frank Martin Sch	uler			POST NEWSTRANDS	elia 1		surriame)				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et end Number or Rural			, State, Zip Co	ode)			
임	E.C.Fannon		618	Woodbi	ne Avenue	Tows	on, Ma	rylan	d 21	204		
	20a, METHOD OF DISPOSITION 1) Puriel 2 Cremetion 3 Res	moval from State	other place)		cemetery, crematory or		20c. LOC	20c. LOCATION — City or Town, State				
	4 Donation 54 Other (Specify)		Pro	spect			To	wson,	Mar	yland		
	21. SIGNATURE OF FUNERAL SERVICE L	acken 1 On as	6	22. NAM	AND ADDRESS OF F	ACILITY			21	212		
	Dennis Steph	en Xenakis	-	Mit	chell-Wie	defel	d Home	6500	Yor	k Rd		
	IMMEDIATE CAUSE (Final disease or condition	. List only one cause on	eech ilne.		PN 60		,		t,	Approximata Interval Between Onset and Death		
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE O	F):	11100	100		<i>y</i> .		 		
z		b										
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c. DUE TO (OR AS	A CONSEQUENCE O	IF):						-		
E	that initiated events resulting in death) LAST	2										
S		0.										
CAL	PART ii. Other significant condition		but not resulting		ling cause given in	n Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE		
MEDIC		109110	· · · · · · · · · · · · · · · · · · ·	100	core	-	1 YES 2	□ NO	0	F DEATH?		
M				/		-			1	YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (C	heck only one	9)	_	_			
SIC	EXAMINER?	HOSPITAL: 1 Dinpatient 2 ER/Ou	itpatient 3 DOA	OTHER:	iome 5 - Residence	6 Other	(Specify)					
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			INJURY AT WORK?		CRIBE HOW II	JURY OCCU	RED			
ВУ Б	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, pecify)	street, factory,	office		ATION (Street a or Town, State)	nd Number or	Rural Rou	rte Number,		
3 Suicide 6 Could not be determined building, etc. (Specify) 29e. CERTIFURG PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only o'ne) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner.												
MPL	CONSOR ONLY	SICIAN: To the best of my kno										
8	2. MEDICAL EXAMIN	NER: Option basis of examinat	non and/or investigati	on, in my opinio			and place, an					
BE	29b. SIGNATURE AND TITLE OF GERTIFI	Jada nos.			29c. LICENSE NU	MBER		29d. DATE S	SIGNED (A	forith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type	e, Print)				-	_			
	A H GHILK	7D1, M.D.	7600	05	LERE	Dr.	Tows	On	Ma	21 204		
	FFB 0 1990 4	the Day doon - Han	dest									

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of the tending physician.	Fig. up as the burist-transit permit. Pages 1, 2, 3		
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be manual by the manual transfer of the manual transf	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, antis in shall be the second of the	ter death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	18 is marked or item 23 shows any injury or other trainmatic event the medical examiner must be neithful at mass
HOSPITAL OR	FUNERAL DIRE	within 72 hours	TAMT. 16 ibnes

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL IDEA TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION THE MILLION TO THE MILLION THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLION TO THE MILLIO

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 1/90 DAY 3. TIME OF OEATH Helen E. Carrick 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 3/19/14 219-03-7905 75 DAYS HOURS MIN 1 🗌 M 2 🔯 F VRS Maryland 9a. FACILITY NAME (if not institution, give street and number) 9c. COUNTY OF OEATH 9b. CITY, TOWN OR LOCATION OF GEATH 3903 Noyes Circle Apt. 2 Baltimore DIRECTOR Randallstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Randallstown Maryland Baltimore 1 YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21133 3903 Noyes Circle Apt. United States 12. WAS DECEDENT EVER IN U.S. ARMED 11, MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Mexican, Puerto Rican, stc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES XXNO Specify: Specify: ВҰ 3

✓ Widowed 4 □ Divorced White 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) gth grate College (1-4 or 5+) Stewarts Dept. Store Wrapping Dept. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname John Armacost Nina McCullough BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 1031 Kingsbury Road Reisterstown, MD 21136 Mrs. Elizabeth Ann Mattison 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION

12 Burial 2 Cremation 3 Ramoval from State

4 Donation 8 Other (Specify) Woodlawn Cemetery Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Home 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximata** shock, Dr heart feilure. Liet only one cause on eech line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition BREAST C DUE TO (OR AS A CONSEQUE resulting in death) TRUCTIVE LUNG DISKASK CHROLL CBS CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 000 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 2 ER/Outpetlent 3 DOA 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED Netural 2 Accident 8 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) BE 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED USE OF DEATH (ITEM 27) (Type, Print) BA UR ROAD 4000 MM

LAND 21203-3146

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VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	nours a	T. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu-
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	1. DECEDENT'S NAME (First	A Adjulation I At					- 01	JEA			EG. NO.		1.		
- 1	I. DECEDENT S NAME (F//S						2. DATE OF C	DAY		YEAR	11:55 AM				
	4. SOCIAL SECURITY NUM		s. sex	8. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF B	February 4, 19			8. BIRTNPLACE (State or Formion	
	217-18-53		1 XM 2 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	5-1	1-24		Country)	aryland	
~	9a. FACILITY NAME (If not it							OR LOCAT				9c. COUN	TY OF OEA	TN	
DIRECTOR	Maryland		al Hospi	tal		В	Baltimore City								
EC	10a. STATE	10b. COUNT	Υ		10c, CI1	ry, TOWN	OR LOCA	TION					10	Dd. INSIDE CITY	
E	Md					lti	mor	e					1)	LIMITS?	
AL	10e. STREET AND NUMBER					1. ZIP COD	E		10g. CITIZEN OF WHAT			AT COUNTRY?			
E	1021 Fult	enue					212	217	USA						
BY FUNERAL	11. MARITAL STATUS 1 XNever Married 2 3 Dividowed 4 Divi	TEVER IN U.S. AR	MEO	IEO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify: Specify:					Black, V	- American Indian, White, etc. Black					
		CEDENT'S EDU	Navy	1946	CEDENTS	LUGUAL O	CCUBATI	04		del Vibil	D OF BUILD	INESS/INDU	IO YOU		
COMPLETED		ly highest grade		(G	16a. DECEDENT'S U: (Give kind of wo life. Do NOT use				ing	100, (4)(1)	D OF BUS	INESS/IND	Jaint	44	
2	Elementary/Secondary (0-12)	Callege (1-4 or 5	" Cı	usto	dia	n				Mai	inte	nanc	e	
O	17. FATHER'S NAME (First, A	Middle, Last)						18. MOT	NER'S NA	ME (First, Middle	, Malden S	Surname)			
BEC	Roland D	ix						Cat	her	ine S	. Ha	andy			
10 B	19a. INFORMANT'S NAME (es							Route Number, C				, Md. 17	
	20a. METHOD OF DISPOSIT	on 3 🗆 Rem	noval from State	20b. PLACE other pla WOOD	of dispo	SITION (N	me t	metery, cre-	matory or				etty or Town		
- 3	21. SIGNATURE OF FUNERA		CENSEE \					ND ADDRE	ESS OF FA	CILITY		1 0	4.	II	
	1 Da	Lin	(C.)	Jan	4	4	611	Paı	ck H	De leight				nes F.H. 215	
	23. PART I. Enter the cashock, or I	diseeses, or neart failure.	complications the	et chured the de	sth. Do	not enter	the me	ode of dy	/Ing, suc	h as cardisc	or respir	ratory arre	est,	Approximate interval Between	
	IMMEDIATE CAUSE (FI													Onset and Death	
	disease or condition	\rightarrow	8	ocardial			ion							Days	
				OR AS A CONSEC		,	0000							Years	
O	Sequentielly list condi		0		Onary Artery Disease						-				
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	ING	0												
Ĭ.	CAUSE (Disease or inj that initiated events		DUE TO	(OR AS A CONSE	DUENCE C	OF):			-						
ᇤ	resulting in death) LAS	ST	d												
	PART II. Other signific	ent condition	ns contributing to	death but not r	politing	In the III	nderivis	O COURS	alven in	Port I 24s	, WAS AN	ALITOPRV	745 W	/ERE AUTOPSY FINDINGS	
MEDICAL			a. Floor			iii tiio di	idoriyii	ig caded	given in		PERFOR	MED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE	
	La	remon	a, Floor	OI MOUE	n					_ 10	YES 2	□ NO	0	F DEATH?	
-										-			1	YES 2 NO	
AN	25. WAS CASE REFERRED	TO MEDICAL					26.0	LACE OF	DEATH /CI	neck only one)			Ц		
PHYSICIAN:	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:			8 Other (So	(6.)			·	
Ξ	27. MANNER OF OEATH		28a. DATE O	F INJURY	28b, TII	WE OF	_	JURY AT	I SIGNATURE	28d. DESCRIE		JURY OCC	URED		
		Pending Investigation	(Month, i	Day, Year)	IN	JURY M		YES 2	□ NO						
ВУ	2 Accident 3 Suicide g	Could not be		OF INJURY — At ho	me, farm,	street, fac	tory, offi	ce		281. LOCATIO		nd Number	or Rural Rou	rte Number,	
12	4 Homicide	determined	bullung	, with (Spothy)						City or io	wn, State)				
٦	29a. CERTIFIER (Check only	TIFYING PHYS	BICIAN: To the best o	of my knowledge, de	ath occur	red at the	tima, dat	and plac	e, and due	to the cause(a) and man	ner as state	ed.		
COMPLETED	cool only													and manner as stated.	
	29b. SIGNATURE AND TITL	E OF CERTIFIE	ER ,					29c. LIC	ENSE NU	MBER		29d. OATE	SIGNEO (A	Aonth, Day, Year)	
BE			WILL	Man		MAN						•	216	1180	
2	30. NAME AND ADDRESS (F PERSON WI	HO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Typ	e, Print)							- 1 7	1	
	31. DATE FILED (Month, Day		L I	AR'S SIGNATURE											
1	LEB 00	1990	grandavid	bon-Gande											
			U.											DHMH-15 Rev 1/89	

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or attending physician. 1203-3146

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any wours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, paint and market of the control of the funeral director, paint and the control of the control of the funeral co	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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With	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he flux within 72 hours after death with the State Dent of Health and Mental Houlene prior to build, cremation, or removal	went
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Dr. C. Hammett, M.D.

*FEB 0 6 1990 Full Fairdson Manager

1 - 8	OR STATE REGISTRAR		STATE OF M	MARYLAN	D / DEPAR			EALTH AND I	MENTA	L HYGIENI REG. NO.	E		
	CEDENT'S NAME (First	t, Middle, Last)							2. DATE	OF DEATH		3.	TIME OF DEATH
	MA	RY	D			DONTA	ς		MONT	bruar	y 5.	1990	4:55P M
4. SO	CIAL SECURITY NUM		5. SEX	6. AGE (In yr	s. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTNPL/	ACE (State or Foreign
1	76-20-263	2	1 M 2 F	70	YRS.	MONTHS	DAYS	HOURS MIN.	Sept	h, Day, Year)	1919	Country)	elaware
	CILITY NAME (If not in	<u> </u>	21	70	-	9b. CITY, 1	TOWN C	R LOCATION OF DE		L. ZU,		Y OF DEAT	
												Ltimo	
F) RES	ranklin S	CEDENT	ospitai			L K	055	ville			Da.	LULINO	16
10a. S	TATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION				10	d. INSIDE CITY LIMITS?
	aryland					Balti	mor	e City				11	X YES 2 NO
d 10e. S	TREET AND NUMBER						101	ZIP CODE			10g. CITIZI	N OF WHA	T COUNTRY?
5 63	310 Faird	el Ave.						21206			U.:	S.A.	
- 11	RITAL STATUS		12. WAS DECEDEN					ENDENT OF NISPAN			or No- 1	4. RACE —	American Indian, hile, atc.
	Never Married 2		IF YES, GIVE V			1	YES	2 NO Specify	y:	troutt, att.)		Specify:	White
	(Specify on	by highest grade of	completed)	184	 Give kind of ille. Do NOT u 	work done du	ring mo	on st of working	16b	. KIND OF BUS	INESS/INOU	STRY	
17. FAT	mentary/Secondary (Unknown	0-12)	College (1-4 or 5	+)		s Cle	vol.			Sear	00		
2 50	THER'S NAME (First, A	Aldelo Loot)			Sale	s cre	IK	18. MOTHER'S NA			-		
	ames	mode, Lasty	Dumel					Ol ymp		WIGGIB, MEIGEN	Sumame)	Unkn	OWD
100 11	FORMANT'S NAME (Type/Print)	Dullet		195 MAILING	ADDRESS	(Street o	nd Number or Rural F		has City as Town	Photo Fin (OWIT
	r. Christ		`hambarl	is				od Ave.		_			nd 21206
	ETHOD OF DISPOSIT		Mainbar 1				_	netery, crematory or			CATION — C	-	
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	CHATURE OF FUNERA		Paul Paul		sock, Jr.			ID ADDRESS OF FA	CILITY				
	·PA	211	1 7	1						Baltim			
22.5	TOW,	Apricu	Docke.	X	. 4-344 . 8-			rd J. Ru					
23. 7	ART I. Enter the d shock, or h	neart failure. L	ist only one car	se on aech	line.	not antar t	na mo	da or dying, auc	h es carc	liac or reapi	ratory arre	Bt,	Approximata Interval Between
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resul	iting in death)	→ .	Cardia	ac Dys	rhythm	1a							
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	y, leading to imme e. Enter UNDERLY		552 10	(01, 10 1, 00	MOLOULINGE O								
CAU	SE (Disease or injuinitiated events		DUE TO	(OR AS A CO	NSEQUENCE O	F):							
resul	iting in death) LAS	ST .											
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PART	II. Other aignifica						fertyln	g cause given in	Part I.	24s, WAS AN PERFOR			ERE AUTOPSY FINDINGS
3 -	Mal	1gnant	Carcino	id Met	astati	c				1 TYES 2	X NO		MPLETION DF CAUSE DEATH?
MEDIC												1	YES 2 NO
	AS CASE REFERRED 1 XAMINER?	_	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only or	10)			
7 1	☐ YES 2 ☐ NO		1 🗆 livoetient 2 (nt 3 🗆 DOA			e 5 🗆 Residence	8 🗆 Othe	er (Specify)			
2. 1	ANNER OF DEATH	Donding	28a, DATE OF (Month, L		28b. TIR	JURY	WC	URY AT	28d. DES	SCRIBE HOW II	NJURY OCCI	JRED	
	Netural 5 [_] Accident	Pending Investigation				М	1 🛄						
3	Suicide 6 Nomicide	Could not be determined	28e. PLACE (building,	etc. (Specify)	Al home, farm,	street, factor	ry, offic	•	28f. LOC City	or Town, State)	and Number o	r Rural Rout	e Number,
		COMMITTING TO SERVICE											
290. 0		TIFYING PNYSIC	CIAN: To the best of	my knowledg	je, danth occun	red at the tin	ne, data	and place, and due	to the car	use(s) and mar	iner as state	d.	
29a. G	ne) 2 MEE	DICAL EXAMINER	R: On the basis of a	xemination an	nd/or Investigati	on, in my op	elnion, d	eath occured at the	time, date	and pleca, an	d due to the	cause(s) as	nd manner as stated.
29b. S	GNATURE AND TITL	E OF CERTIFIER		$\widehat{}$				29c. LICENSE NUI	MBER				onth, Day, Year)
	ME AND ADDRESS O	MEI	1 M	<u> </u>								2-5	7-90

9000 Franklin Square Drive - 21237

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(TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A hours after death. Page 6 and principles by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral divisor, many some standard by distribution of the standard dark with the State heart and Martial Horistee prior to braid, cemarition, or removal.	IMPORTANT: It lem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ı	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face within 20 hours after death with the Stran Dem of Health and Mental Homene prior to build. Cremation, or removal	the medical examiner must be
	SUL	in t	ned
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REGISTRAR		C	ERITE	ICATE	OF DE	AT	H	F	REG. NO			
1. DECEDENT'S NAME (First, Middle								2. DATE OF MONTH	DEATH D	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	JOSEPH 5, SEX	Di GUARD						FEB.		990		8 A.M.
	1 (3xM 2 (1) F	6, AGE (In yrs. le:	YRS.	IF UNDER 1		UNDER :	MIN.	7. DATE OF (Month, De	y, Ybar)	1011	S. BIRTH Countr	
214-01-4999		70	ins.		TOWN OR LO			APRIL	26		NTY OF D	MD.
								EATH		9c. COU	NTY OF D	EATH
3715 BELAIR					BALTI	MO.	KE					
	COUNTY		10c, CIT	Y, TOWN OR	LOCATION						10d. INSIDE CITY	
MD.				BAL	TIMOR	RE				1 X YES 2		
10e. STREET AND NUMBER					10f, ZIP	CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
3715 BEL	AIR ROAD					2	1213	3		U.S.A.		
11. MARITAL STATUS	CODOCCO	NT EVER IN U.S. AF						NIC ORIGIN? (9		a or No	14. RACE	American Indian, t, White, atc.
1 Never Married 2 Marrie 3 Widowed 4 Divorced		WAR OR DATES	NO		YES 2 X				11, 016.)		Speci	Wy:
				1								WHITE
15. DECEDENT (Specify only higher	st grade completed)	(0	ECEDENT'S Sive kind of a. Do NOT u	WORK done du	ring most of	working	7	16b. KII	ND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +)											
17. FATHER'S NAME (First, Middle, L				шышк	40	MOTH	CDIC NA	ME (First, Midd	No. Administra	Cumamal	-	
ANTONIO DiGU					16.			IANNA :				
19e. INFORMANT'S NAME (Type/Prin		10	b. MAILING	ADDRESS /	Street and N						in Code)	-
19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) JOSEPH DIGUARDO (SON) 1701 PARKVUE RD., FALLSTON, MD. 21047												
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cameters, cremetory or 20c. LOCATION — City or Town, State												
**CXBurial 2 Cremation 3 Removal from State Other (Specify) DULANEY VALLEY MEM. GARDENS BALTIMORE, MD.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME INC.											
> Eugen	1	111	</td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
		-70-	The					ane,				
23. PART I. Enter the disease ahock, or heart for	ellure. List only one c			not enter t	ne mode c	и ступ	ng, suc	n as cardiac	or resp	iratory at	Test,	Approximate interval Between
IMMEDIATE CAUSE (Final disease or condition ACITO MALAY AND ALARA (12 PA 72 CL)												
resulting in death) . It was a support of the suppo												
	disease or condition resulting in death) Acute Myaardial INFARESCON DUE TO (OR AS A CONSEQUENCE OF): Atherose (erof ic Cardiovascular disease 4 vs											
DUE TO (OR AS A CONSEQUENCE OF):												
cause. Enter UNDERLYING	If eny, laading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or injury that initiated events	CAUSE (Disease or Injury C. PUE TO AD A COUNTRY OF											
resulting in death) LAST												
2427 11 244 1 11	101		4-1									
PART II. Other significant co			reaulting	in the und	lariying ca	use g	iven in	Part I. 24	PERFO	RMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Noi	ve				_		1	YES	2 10		COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:			OTHER:		OF D	EATH (C	heck only one)				
1 TYES 2 NO		☐ ER/Outpatient		4 - Numb	ng Home 5		aldenca	6 Other (S				
27. MANNER OF DEATH 1 Natural 5 Pendir	28e. DATE (Month)	Day, Year)	28b. Til	JURY 2	WORK?			28d. DESCR	IBE HOW	INJURY O	CCURED	
2 Accident Investi	gation	OF IN HIPM			1 TYES	2 _	NO					
3 Suicide 6 Could 4 Homicide determ	not be buildin	OF INJURY — At h g, atc. (Specify)	ome, serm,	street, mcto	гу, описе				lown, State		er or Hurai i	Route Number,
29a. CERTIFIER				_								
(Check only	PHYSICIAN: To the best											
2 MEDICAL E	XAMINER: On the basis of	examination and/or	Investigati	on, in my op	inion, death	occur	ed at the	time, data an	d place, a	nd due to	the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)												
\$18000 DIT871 Feb 3,1990												
30. NAME AND ADDRESS OF PERS			EM 27) (Typ						Coc	Rel	Sull	le ma
	RENCE BOAS	M. D.		54	SCOT	ГА	DAM	ROAD,	COCI	KEYSV	ILLE	, MD. 2103
31. DATE FILED (Month, Day, Year)	32. REGIST											
FEB 06 1990	A 6. 10	* 1 77 1	0.0									

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

P

BELFAST, IRELAND

10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

Approximate Interval Between Onset and Death 3 DAYS

B DAYS

MUKNOWY

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certimeare to according to the following the state of the state HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

BE

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296. SIGNATURE AND TITLE OF CERTIFIER

KUBEN

1990

Denny

31. DATE FIRETENBIN, On Go

GARRY

90	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN		
0	1. DECEDENT'S NAME (First, Middle, Last)	Douglas				2. DATE OF DEATH MONTH		3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 577-07-4686	5. SEX 8. AGE	(In yrs. lest birthday) 7 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth, Day, Year)		BIRTHPLACE (State or Country) BELFAST, I
	9e. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	Y OF DEATH
TOR	HOLY CROSS HOSPI	TAL		SILVER	R SPRING		MON	TGOMERY
DIRECTOR	10e. STATE 10b. COUNT	GOMERY		Y, TOWN OR LOCA EATON	TION			10d. INSIDE CIT LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 2912 HARDY AVE.			10	1. ZIP CODE 20902			N OF WHAT COUNTRY
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPA	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)		Black, White, etc. Specify: WHITTE.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S	USUAL OCCUPATI work done during me see retired.)	ON ost of working	16b. KIND OF BU	JSINESS/INDUS	
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) JAMES DOUGLAS					AME (First, Middle, Melder ARET SLOAN	n Surneme)	
10 B	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING	G ADDRESS (Street	and Number or Rural	Route Number, City or Tox	wn, State, Zip Co	ode)
1		spouse)				ton, Md.		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	b. PLACE OF DISPO other place)	.=			OCATION — CH	ry or Town, State
	21. SIGNATURE OF FUNERAL SERVICE U	Malu 2	.5.90	- A.S.I.A.	NO ADDRESS OF F	Y BOARD, I	BALTO.	,MD. 21201
	IMMEDIATE CAUSE (Finel disease or condition	Liet only one ceuse on	ech line.		ods of dying, su	ch ae cerdlec or resi	piratory arree	Approxii interval Onset a
	reaulting in death)				1			
NOIL	Sequentially list conditions, if any, leading to immediate	b. ABOOT	MENAL A	AORTIC	HNEURY	sm-Acu	re	80
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE C					UNK
AL	PART II. Other significant condition	RESPIRATORY	but not resulting	in the underlyin	ng cause given in	PERFO	N AUTOPSY DRMED?	24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION O
MEDIC		LEMIC SHOC				1 _ YES	2 / 10	OF OEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
YSI	1 TYES 2 NO	1 Ninpatient 2 ER/Out			me 5 🗆 Residence	8 Other (Specify)		
6	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TH		JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJUR	Y — At home, farm, ecify)	street, factory, offi	ce	281. LOCATION (Street City or Town, Stet		r Rural Route Number,
COMPLET	CONSTRUCTION OF THE STATE OF TH	SICIANI-To the best of my know						

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32 REGISTRALL ON

11120 New Hangspire

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER

DHMH-18 Rev 1/89

47 . DE

1203-3146

J	1	مود	福
BALLIMORE, MARYL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within constructions after death. Page 6 may be interested.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page a strong the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G PH	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	narke
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYI		MENT OF HEAD			IYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle BENN		BIE			2. DATE OF MONTH	DEATH DAY	YEAR 90	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 226-16-4890	1XXM 2 □ F 69	YRS.	ONTHS DAYS H	F UNDER 24 HRS.	7. DATE OF 1 (Month, De 02-1(y, Year)	Cour	THPLACE (State or Foreign stry) IRGINIA				
9a. FACILITY NAME (If not institution BON SECOURS RESIDENCE OF DECEDE	S HOSPITAL		BALTI		ATH ·		V/A	DEATH				
MARYLAND	COUNTY N/A		TIMORE				10d. INSIC LIMIT 1XXXYES					
100. STREET AND NUMBER 1825 WEST FA	AYETTE STREET			1223		1.5	JSA	WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	XX NO	If yes, specif	DENT OF HISPAN ly Cuban, Mexica NO Specifi	n, Puerto Rica	pecify Yes or No	14, RAG	CE — American Indian, ck, White, atc.				
15. DECEDEN (Specify only higher Elementary/Secondery (0-12)	T'S EDUCATION set grade completed) College (1-4 or 5+)	Iffe. Do NOT use	rk done during most of retired.)	of working	16b. Kill	16b. KIND OF BUSINESS/INDUSTRY						
17. FATHER'S NAME (First, Middle,	Last)	CONSTRU		N 16. MOTHER'S NAME (First, Middle, Maiden Surname)								
WILLIE DOI		Total Commission			LLA JO							
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LIZZIE JENKINS 1825 WEST FAYETTE STREET (21223)												
28e METHOD OF DISPOSITION ABurlal 2 Cremetion 3 4 Donetion 5 Other (Spec	Remark term State	other place) OUNT ZION	TION (Name of cemet	ery, cremetory or	EET (2	20c. LOCATION	11.	Town, State MARYLAND				
23. PART I. Enter the disade ahock, or heart i	es, or complications that caus	Tenus of the death, Do not each line.	BROWN/	THOMPSO of dying, auc	N F.H.	P.O.	BOX Z	4433 (21223 Approximeta Interval Betwe				
iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	esulting in deeth) a. CANCER OF LUNT DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CALISE (Disease or Injury.												
that initiated events resulting in deeth) LAST												
PART II. Other aignificent co	onditione contributing to death	but not resulting in	the underlying o	cause given in		e. WAS AN AUTO PERFORMED?		ID. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
							~					
25. WAS CASE REFERRED TO MEI	HOSPITAL:		OTHER:	E OF DEATH (Ch								
1 YES 2 NO	1 Nippatient 2 ER/Ou	28b. TIME			6 ☐ Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED							
1 Natural 5 Pendi 2 Accident Invest	ng (Month, Day, Year)	(Month, Day, Year) INJURY WORK?										
3 Suicide 6 Could 4 Homicide determ	not be 28e. PLACE OF INJUR building, stc. (Sp	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route City or Yown, State)										
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated.												
29b. SIGNATURE AND TITLE OF C	SON WHO COMPLETED CAUSE OF D	comp 1	MO	D/2	698	294.	DATE SIGNE	D (Month, Day Shar)				
KUANGT-	YEN HUAM	7 MD B	PON Se	leou	ns 14	5.p.z.	al	190				
FEB 06 199	32. REGISTRAR'S SIG	Andall				1						

BALTIMORE, MARYLAND 21203-3146

Venido Alido,

M.D.

6010 York Rd.

32. REGISTRAR'S SIGNATURE 2 Day doon - Randasse

The STREET AND HOMBER 446 ROSEDBAK AVE. 157. 2P CODE 158. AND SCIENTIFY THE PLANE COUNTRY 159. 2P CODE 159. AND SCIENTIFY THE PLANE COUNTRY 150. AND SCIENTIFY THE PLANE COUNTRY		FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAF ERTIF					MENTA	L HYGIEN	E		
THE NAME OF THE STATE OF THE ST			DISNEY									ř, 19		B. TIME OF DEATH
### A CONSCIONAL PART STAND CONTROL CO					-					7. DATE (Mont	OF BIRTH	918	Mary	lace (State or Foreign
The process of the	OR					9b. CITY						9c. COU	NTY OF DEA	АТН
The process of the	DIRECT	10a. STATE 10b. COUNTY	,		10c. CIT				ity					IOd. INSIDE CITY LIMITS? YES 2 \(\square\) NO
The process of the	ERAL						101					10g. CITI		AT COUNTRY?
Carry Oliver Ruby Maggie Ruby		1 Never Merried 2 Merried	FORCES? 1	YES 2 X	IMED NO		If yes, sp	ecify Cube	en, Maxica	in, Puerto		or No-	Black,	White, etc.
Carry Oliver Ruby Maggie Ruby	PLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	+) (G	live kind of . Do NOT u	work done se retired.)	during mo	ON ost of work!	ing	164		SINESS/IND	PUSTRY	
29. NAME AND ADDRESS TON Removal from State 20. PLACE OF DISPOSITION (Pure of commistry, commistory or light of the plant of commistry commistory or mile plant of commistry or mile plant of commistry or mile plant of commistry or mile plant of commistry or mile plant of commistry or mile plant or commistry or commistry or commistry or mile plant or commistry or commistr	A)	17. FATHER'S NAME (First, Middle, Last)	/		HOME	nuive		-377			Middle, Maiden	Sumame)		
10 Burlis 2 Cremetion 3 Removal from State PREPARED Prepared Prep	a d													57
Approximation in the cause of the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Glease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):		1 D Buriel 2 Cremation 3 Rem	oval from State	20b. PLACE	of dispo	vet (Ceme	tery			Ba	ltimo	re, M	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTYING CAUSE (Disease or injury bit initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): 1		James F. Bui	rnside,	in Dr.		22.	Mit 650	chel O You	l-Wie	edefe d. 1	eld Hom	me, I ore,	nc. Md.	21212
Continued of the condition		shock, or heart failure.				not anta	r tha mo	oda of dy	/Ing, suc	ch as car	diac or resp	Iretory an	rest,	Approximate Interval Batween Onset and Death
Sequentially list conditions, pure to (or as a consequence of): Hamp, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PREPARED TO MEDICAL PREPARED TO MEDICAL PROPERTION OF COPEATH? 1 YES 2 NO NOMELTION OF COPEATH? 1 YES 2 NO NOMELTION OF COPEATH? 1 YES 2 NO YES 2 NO NOMELTION OF COPEATH? 1 YES 2 NO YES 2 YE		disease or condition	OUE TO	ON AS A GONGE	QUENCE O	4) (M	W	_					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	IFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	c		100.00	OF):	W	nos	12					
AMALBLE PRIOR TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)			d											1
Accident Investigation I	MEDICAL	Dialous Mil	litur Cu	an C	hun	W	Eer	KL -	Fail	url	PERFO	MAILABLE PRIOR TO COMPLETION OF CAUSE		
Accident Investigation 2 Accident Investigation 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as at	CIAN:		HOSOITAL					LACE OF	OEATH (C	heck only o	ne)			
Accident Investigation 2 Accident Investigation 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as at	IYSI	1 TES 2 NO	1 Impatient 2		T	4 🗆 Nu	rsing Hor		Reeldence	~		IN ILIBY OC	CUBED	
3 Suicide 4 Homicide 6 Could not be determined 25s. PLACE OF MOUNT — At nome, farm, street, factory, office 25s. LOCATION (Street end Number of Fural House Number, City or Town, Stete) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.		1 Netural 5 Pending	(Month, I	Day, Year)	11	JURY M	1 🗆	YES 2	□ NO					
		4 Homicide determined	286. PLACE (building	or injury — At h., atc. (Specify)	ome, farm,	street, fac	ctory, offi						r or Rural Ro	ute Number,
	OMPL	(Check only CERTIFYING PHYS												end menner as stated.
P NAME AND ADDRESS OF PERSON WHO COMPLETED CALLED OF DEATH STEPS OF THE STEP O	BE	296. SIGNATURE AND TITLE OF CHRISTIE	n.O. (Itterde	insp	hugi	Clar	29c. LIC	ENSE NU	MBER C		29d. DAT	SIGNED (Month, Day, Year) 01-90

Baltimore, Md.

21212

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF HE	ALTH AND MENTAL	HYGIENE REG. NO.	
1. DECEDENT'S NAME (FIRE AN	Sloke.		2. DATE MONTH	OF DEATH DAY	20 5:45 Pu
6. SOCIAL SECURITY NUMBER 3/5-12-93 6. FACILITY NAME (If for push)	S. SEX S. MEX S. AGE (in yrz.) Out, give street and number)	YRS. MONTHS DAYS		OF BHITH CON YOUR SECOUN	R. BUTTHELACE (State or Fishige TV OF DEASH
PRESIDENCE OF PROCESS	HENT ALL COUNTY	102. CITY, TOWN ON COCATIO	"ne Cel	J Spe	10d. INSIDE CITY LINESET 1 YES 2 NO
10. STREET AND NUMBER CO. 11. MARITAL STATUS 1 Month Married 2 Marie Co. 12 Marie Married 2 Marie Co. 13 Marie Married 3 Marie Co. 14 Marie Married 3 Marie Co. 15 Mari	IF YES, GIVE WAR OR DATES	At. II. WAS DECED	NO Specific Distriction of the control of the contr	O Z/	EN OF WHAT COUNTWYF
15. DECEDO (Specify any tol Elementary/Decondary (0-12)	ont's EDUCATION their grade completed (1-6 or 5 +)	DECEDENT'S UBUAL OCCUPATION (Give hind of work done during must in. De SOT use releval.)	Rox	KIND OF BUSINESS/INDO	STRY FILE
1 VIV F 4 -0	L Lest)		TO A STATE OF THE PARTY OF THE	distile, Martin Surreive)	
THE THE THANK (TISTED)	Cansey	634 E. C	gentruser Fund Floure Numb	t It o	ht he
20s. METHOD OF DISPOSITION 1 ☐ Burlis 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (Sp. 21. SIGNATURE OF FUNERAL S.	3 D Removal from State	E OF DISPOSITION (Name of come place) CONSULT DESTINATE AND	Concles of PACIFITY	y Leenn	your + alue
·anh	eleit Dole	Mai	le Shi	aue.	med-
23. PART T. Eriter the diseashock, or hear IMMEDIATE CAUSE (Finel disease or condition resulting in death)	eses, of complications that coused the tellure. List only one couse on each if the couse on each if the couse on each if the couse on each if the couse of the co	ne.	peritorite		Approximate interval Between Onset and Death
Sequentially list condition if any, leeding to immedie ceuse. Enter UNDERLYING CAUSE O's leave or injury that initieted events resulting in death) LAST	te ODE TO TOR AS A CONS		metron		
that initieted events resulting in death) LAST	OUE TO (OR AS A CONS	SEQUENCE OF):			
PART II. Other significant	conditions contributing to death but no	t resulting in the underlying	cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO N EXAMINER?	EDICAL HOSPITAL:	26. PLA	ACE OF DEATH (Check only or	10)	
25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)			or (Specify) SCRIBE HOW INJURY OCC	CURED
2 Accident Inv	estigation	home, farm, street, factory, office		ATION (Street and Number or Town, State)	or Rural Route Number,
cond.	ING PHYSICIAN: To the best of my knowledge,				
296. SIGNATURE AND TITLE OF	c W. Cer M	D.	29c. LICENSE NUMBER	29d. DATE ▶ 2	SIGNED (Month, Dey, Year)
30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAUSE OF DEATH (I	IEM 27) (Type, Print)			
31. DATE FILED (Month, Day, Year FEB 0 to	1990 Jula Davidour	Bridall-			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	ГН	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	zzie M.	Ford						2. DATE OF I	DEATH DA	199	90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-50-0746	5. SEX	6. AGE (In yrs. les 41	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da 3 - 7 -	1948	3	8. BIRTHI Country	PLACE (State or Foreign y) Md
TOR	9a. FACILITY NAME (If not institution, give si 2015 Harlem Aver						imor	ON OF DEA	АТН		9c. COU	NTY OF DE	EATH
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		T 40 - 017	Y. TOWN O		104						10d. INSIDE CITY
FUNERAL DIRECTOR	Md				ltim	ore							LIMITS? 1 X YES 2 NO
NERAI	2015 Harlem Aven						2121	.7			U	SA	/HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Olvorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XI	MEO NO		f yes, sp	ecify Cubs		C ORIGIN? (S , Puerto Ricer		or No—		- American Indian, t, White, atc. by: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(G	CEDENT'S ive kind of . Do NOT u	USUAL OG work done o se retired.)	CCUPATIO	ON st of workin	ng	18b. KIN	OF BUS	INESS/INE	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Frank Gaithe	er	•				18. МОТ На	HER'S NAM attie	MCK11	nstr	Surname) Y		
TO B	198. INFORMANT'S NAME (Type/Print) Helen Gaither		19	201	ADDRESS Ha	s (Street a	nd Number	or Rural Ac enue	Bal	timo	re, N	n Code) 1d 21	.217
	20a. METHOD OF SISPOSITION 1 Burlai 2 Commentor 3 Rem 4 Donation 5 Other(Specify)	oval from State	20b. PLACE other pl Metre	nce)			netery, crer	matory or				city or To	
	21. SIGNATURE OF FUNDRAL SERVICE LIKE	SPECIAL L	Bens	m				ss of fac /H W abash	lest Aveni	ue			
	23. PART 1. Inter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	I let only one one	COR AS A CONSE				-	-					Approximate Interval Batween Onset and Death
NO	Sequentially list conditions,	b. OUE TO	L ~ O	OUENCE C	F):	140	p	aTi	Tis	,			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. Due 10	OR AS A CONSE	OUENCE C	F):								
ERTIF	that initiated events resulting in death) LAST	d. 5	JO C	DVC	in.	ch		Cen	w)			
	PART II. Other aignificant condition	na contributing to	death but not	reaulting	In the ur	nderivin	a cause	given In F	Part I. 24	a. WAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
¥				cuoning		i dorry iii	g cauco	given iii i		PERFOR		-	MAILABLE PRIOR TO
V: MEDICAL									_ 1	YES 2	Dro		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF C	DEATH (Che	ck only one)				
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	4 Nur		10 5 XR	asidenca (8 🗆 Other (S)	pecify)			
BY PHYSICIAN:	27. MANNER OF DEATH Netural 6 Pending Netural Investigation	28s. DATE OF (Month, D		28b. Til	ME OF JURY M	WC	JURY AT ORK? YES 2 [□ NO	28d. OEŞCRI	IBE HOW I	NJURY OC	CUREO	
G	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, offic	a			ON (Street l own, State)		er or Runal f	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE												s) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	-Le wi	one h	2	>_		29c. LIC	CENSE NUM	IBER	>	29d. DA	TE SIGNED	(Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETEO CAU	SE OF DEATY (ITE	M 27) (Typ	e, Print)			-					
	31. DATEEB 0 6 1990	32. REGISTRA	AN AMAL										

unsched for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician.

BALTIMORE,

AND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pabe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

DHMH-16 Rav 1/89

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ed at once.

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王	포	fled	0
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Print	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral day	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinent

	FOR STATE REGISTRAR	STATE OF N	IARYLAI	ND / DEPAR					MENTA	AL HYGIE				0270) (
	1. DECEDENT'S NAME (First, Middle, Last) ELLA	M. FRI	END		-				2. DATE	E OF DEATH	DAY 1 1	YEAR 990		E OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1		IF UNDER		7. DATE	E OF BIRTH oth, Day, Year)	Ī	BIRTHPLACE (State or Foreign Country)			1
	226-28-1505	1 ☐ M 2 💢 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	6-1	1-19	25			inia	
_	9a. FACILITY NAME (If not institution, give si				_ `		OR LOCATIO	ON OF DE	EATH			TY OF D			1
5	8216 Longpoin	t Rd.			Dur	ıda	ılk		Baltimore						1
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OF	LOCA	ATION		_				10d. II	NSIOE CITY	1
PHO	Maryland Bal	timore		Du	ındal	k								IMITS? YES X 🔯 NO	1
- 1	10e. STREET AND NUMBER	-				_	of. ZIP CODE	E			10g. CITI	ZEN OF V		OUNTRY?	1
ER	8216 Longpoin	t Road					2122	2			Unit	ed	Sta	ates	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1								IN? (Specify Y				erican Indian, o, atc.	1
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATE	ES			S 2 NO			rinceri, etc.)		Speci	//y:		
	15. DECEDENT'S EDU	CATION	1.	6a. DECEDENT'S	Hellal oc	CHEAT	1011		1.0	b. KIND OF B	100000000000000000000000000000000000000	u an Tany	wr	nite	-
	(Specify only highest grade	completed)		(Give kind of a	work done du se retired.)	uring m	ost of working	rg	1"	B. KIND OF B	USINESS/IND	OSINI			
2	Elementary/Secondary (0-12) 6TH GRADE	N/A	' N	ACHIN	G OP	ERA	ATOR		9	SINCL	AIR 8	RU	JSH		L
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	_	Middle, Maide					1		
BE C	BENJAMIN F. M				THI	ELM	A VI	EST					L		
0 8	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								1			
5	ROGER L. FRIEND 1902 SUE CREEK DRIVE BALTIMORE, MD 21221														
/	20c. METHOD OF DISPOSITION 1 Departed 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) CARDENS OF FAITH CEM. 2-5-90 BALTIMORE, MD														
	22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MD 21222														
\neg	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.														
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cau	se on aac	h line.								2001		intarval Batween Onset and Daeth	
ŀ	resulting in death)	a	and the	LIV PUI	em	17	my	ou	Con				-		1
_	_	DUE 10	(OH AS A C	HBL) i								i		
CERTIFICATION	Sequentially list conditions,	bDUE TO	(OR AS A C	ONSEQUENCE O	F):										1
₹ I	if sny, leading to immediate cause. Enter UNDERLYING			PVD.											
Ĕ	CAUSE (Disease or injury that initiated eventa	DUE TO	(OR AS A C	ONSEQUENCE O	F):										1
	reaulting in death) LAST	d													
AL C	PART II. Other significant condition	s contributing to	death but	not resulting	in the unc	derlyi	ng cause	given in	Part i.	24a. WAS /	N AUTOPSY	24b	WERE	AUTOPSY FINDINGS	1
5		_				·				1	DRMED?		COMP	ABLE PRIOR TO LETION DF CAUSE	
EDIC										1 TYES	2 🗌 NO	- 1	OF DE	YES 2 NO	
Σ.									_					120 2	
₹	25. WAS CASE REFERRED TO MEDICAL					26. I	PLACE OF C	EATH (CI	eck only	one)					-
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Output	ient 3 🗆 DOA	OTHER		me 5 DA	esidence	6 🗆 Ott	ner (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, L		28b. TIN	IE OF JURY		JURY AT		28d. O	EŞCRIBE HDY	INJURY OC	CURED			1
BY	1 Natural 5 Pending 2 Accidant Investigation	(-J, 13-7		М		YES 2	NO							ı
										umber,	1				
	4 Homicide determined														
7		ICIAN: To the best of	my knowled	ige, death occurr	red at the tir	ne, da	te and place	, and du	to the c	ause(s) and n	nanner as stat	ted.			
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of a	xemination :	and/or investigation	on, in my of	oinion,	death occur	red at the	time, de	te and place,	and due to th	ne cause(s) and r	nanner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIED	R 0 1 1		•			29c. LIC	ENSE NU	MBER	7	29d. DAT	E SIGNEO	(Month	n, Day, Year)	1
TO B	Honsed	alla	uso	wo			IP-	280	24-		2-	1-9	0		
– 1	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEAT	H (ITEM 27) (Mo)	Print)							- /			T

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1909 Print)
(012 0LD NORTH PT Rd.

32. REGISTRAR'S SIGNATURE HOLDE

°0°6°1990

21

22

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

,	1. DECEDENT'S NAME (First, Middle, Last) MARY BENEDICTA FARBER CALBEL MARY BENEDICTA FARBER 2. DATE OF DEATH MONTH Z - DAY - 90 YEAR 1. Z 30 A M													
	4. SOCIAL SECURITY NUMBER	AGE (In yrs. las		UNOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH 8.	BIRTHPLA	CE (State or Foreign					
					YRS.	ITHE DAYS	HOURS MIN.	6-4	96 0	ter	many			
TOR	Sq. FACILITY NAME (If not instit	nt	96.	TOWSON, Sc. COUNTY OF DEATH CALLO.										
JEC.	10a. STATE 10b. COUNTY				10c. CITY, TO	WN OR LOCAT	ION			100	1. INSIDE CITY LIMITS?			
0	Maryland Baltimore				r	owson					YES 2 X NO			
FUNERAL DIRECTOR	2300 Dual n			101.	21204		USA							
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. Was DeceDent EVER IN U.S. FORCES? 1 YES & IF YES, GIVE WAR OR DATES				MED	13. WAS DEC If yes, spe 1 TYES	RACE — Black, W Specify: Whit	American Indien, hite, atc.						
9	15. DECED (Specify only h	DENT'S EDUCAT	ON apleted)	/G	ive kind of work	done during mo	N st of working	18b. KIND	OF BUSINESS/INDUS	TRY				
COMPLETED	Elementary/Secondary (0-12	2) (college (1-4 or 5+)	110	Housek				Religious					
No.	17. FATHER'S NAME (Flint, Midd Karl Joseph		r				18. MOTHER'S NAM Soph		, Maiden Sumame) lvermille:	r				
9	19e. INFORMANT'S NAME (Type								ity or Town, State, Zip Co	er Surname) ermiller bwn, Stefa, Zip Code) On, Md. 21204 LOCATION — City or Town, State Baltimore, Maryland e 6500 York Rd 21212				
7	Patricia Har						Valley R	oad To						
	W Ruriel 2 ☐ Cremetion 3 ☐ Removal from State 0ths				Cathe		нышту, стытишогу ог							
	21. SHOMATURE OF PUNERAL SERVICE LICENSEE VENARE						ID ADDRESS OF FAC							
-	Mitchell-Wiedefeld Home 6500 York 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,													
	shock, or heart failure. List only one cause on each line.									Interval Between				
ATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	AS A CONSE	ONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AU													
MEDICAL	Alzhamens Disease								PERFORMED? YES 2 PNO	COMPLETION OF CAUSE				
SIC!	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impatient 2 Encurpose at 2 Encurpose at 3 DOA 41/2 Nursing Home 5 Residence 8 Other (Specify)													
PHYSICIAN:	1 YES 2 NO 1 Impatient 2 Effourture 1 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 8 Pending Manual Manu													
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28 FLACE OF NJURY — At home, farm, street, factory, office City or Rown, State) 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)									te Number,				
COMPLETED	29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner es stated.													
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER OF 29d. DATE SIGNED /M 29d. DATE SIGNED /M													
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type, Pri		Stella	110	-	· ·	-10			
	31 DATE FILEO (Month, Day, W	IV WK	32. REGISTRAR	S SIGNATURE	W.		27U/2	1000	r 13					
	TEBUS 1990 Such Savidson-Randon													

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.										
	1. OECEDENT'S NAME (First, Middle, Last)		•	AY YEA	3. TIME OF DEATH						
	Hubert	М.		anssen Jr.	2 2	90) 5:40 A M				
	4. SOCIAL SECURITY NUMBER			FUNDER 1 YEAR IF UNDER 24 HRS. INTHS DAYS HOURS MIN.	Aug. 5, 19	C	IRTHPLACE (State or Foreign ountry)				
	212-46-6866 9a. FACILITY NAME (If not institution, give si		3 YRS. 9	b. CITY, TOWN OR LOCATION OF I	9c. COUNTY C	Indiana					
TOR	Fallston Gene	ral Hospital		Fallston		Har	ford				
3EC	10e. STATE 10b. COUNTY	1	10c. CITY, 1	OWN OR LOCATION			10d. INSIDE CITY LIMITS?				
ā	9	ford	Jo	ppa			1 TES 2 X NO				
BY FUNERAL DIRECTOR	87 Haverhill Rd.			101. ZIP COOE 21085		U.S.	OF WHAT COUNTRY?				
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMEO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic		a or No 14. F	RACE — American Indian, Black, White, etc.				
37 F	1 Naver Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 YES 2 NO Spec			Specify: White				
	15, OECEDENT'S EDU		18a. DECEOENT'S US	UAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTF	ηγ				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	,	_	2000 AND COM 100					
MP		4 yr's	Unde	rwriter		urance					
8	17. FATHER'S NAME (First, Middle, Last) Hubert M. Fra	anssen , Sr.			AME (First, Middle, Maiden therine	Zazad	0				
BE	19a. INFORMANT'S NAME (Type/Print)	, , , ,	19b. MAILING AI	ODRESS (Street and Number or Rura							
TO.	Mrs. Joan A. Fran	ıssen	87 Hav	erhill Rd. Jo	ppa, Md. 2						
	20a, METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Rem	oval from State	other place)	ON (Name of cemetery, crematory or			City or Town, State				
	Green Mount 2/5/90 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 212										
18	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Rd.										
	23. PART i. Enter the diseases, or	complications that caused	the death. Do not	anter the mode of dying, su	Ch as cardiac or resp	5305 Hi	Approximata				
	shock, or heart fallure. IMMEDIATE CAUSE (Final	List only one causa on ea	sch ilna.				intarval Between Onset and Dasth				
	disease or condition resulting in desth) . Arteriosclerotic Cardiovascular Disease										
	A CONTRACTOR OF THE PARTY OF TH	OUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate										
CAT	If any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):								
CER		d					<u> </u>				
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?										
DIC					1 💢 YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?				
ME	-						1 X YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	Check only one)						
SIC	EXAMINER? 1 XYES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 💢 ER/Outp		OTHER:	8 Other (Specify)						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (Y WORK?	28d. OEŞCRIBE HOW	INJURY OCCURE	:0				
BY	XXXXVatural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY	At home from other	M 1 YES 2 NO	204 1 00171011 (01-14	and Number of C	had Davida Mambas				
TED	3 Suicide S Could not be 4 Homicide determined	building, alc. (Spec	= At Home, faith, str	et, factory, office	28f. LOCATION (Street City or Town, State	and Number of Pi	arer noute Namoer,				
COMPLETED	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
O.	One) 2 MEDICAL EXAMINER: On the besis of exemination and/or investigation, in my opinion, death occured at the ilms, data and place, and due to the cause(a) and menner as stated.										
BE (206 SIGNATURE AND TITLE OF CHATTER	16.0	10/	29c. LICENSE N			GNEO (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF THE	ATH (STEM 27) (Box 9	OCMI	5	2-	-3-90				
	Mario F. Golle		Assistant	,	Street. Bal	timore.	, MD 21201 vl				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		CANT	and a second	52.11020	, , , , , , , , , , , , , , , , , , , ,				
	FEB 061990 @	Lin Nacidara B.	100								

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-noun	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
	2 U	aly fil	ation	#
ò	With	nplete	Стет	rent,
4	uted	000	inal.	2
<u></u>	exec	and	to bu	mat
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e De	siciar	nior	tran
n	ificat	phy	Bue p	her
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1 - STATE REGISTI	RAR	STATE OF MA	RYLAND / DEF	ARTMENT			MENTA	HYGIENI REG. NO.	E				
1. DECEDENT'S NO	s name (First, Middle, L ellie Sha	arretts GRAF	HAM					of OEATH uary 4	', 199ľ	5AR 3.	TIME OF OEATH		
070-38-	4. SOCIAL SECURITY NUMBER 070-38-3870 5. SEX 1 □ M 2 □ F 82			S. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug.	of BIRTH 2, 1907	N	faryla			
1	n Square Hos			TOWN O	R LOCATION OF DE	EATH		of DEAT					
Frankli RESIDENC 100. STATE Md.	10e. STATE 10b. COUNTY				PR LOCAT	ON					d. INSIDE CITY LIMITS?		
<	100. STREET AND NUMBER 4509 Kenwood Avenue				101.	21206			10g. CITIZEI USA	OF WNA	T COUNTRY?		
3 X Widowed	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 FORCES? 1 YES 2 X 1 F YES, GIVE WAR OR DATES					ENDENT OF NISPAP celfy Cuban, Maxica 2 NO Specifi	n, Puerto I			RACE — Black, W	American Indian, filia, etc.		
Elementary 17. FATHER'S N Eduaryd	(Specify only highest grade completed) (6					AL OCCUPATION done during most of working lead.) 16b. KIND OF BUSINESS/INDUSTRY							
17. FATHER'S N Edward	Sharretts)				18. MOTNER'S NA Frances			Surname)				
I IVE. INFORMAL	nt's name (Type/Print) t Stieve					d. Albany,			n, State, Zip Co	ide)			
1 Donation	20s. METHOD OF DISPOSITION 1												
1000	21. SIGNATURE OF FUNERAL SERVICE LICENSEE James F. Gladden					Leonard J. Ruck Inc. 5305 Harford Rd. 21214							
IMMEDIATE disease or o	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Massive pulmonary embolism												
If any, leading cause. Enter CAUSE (District Initiated	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Oth	ner significent cond	itiona contributing to de	ath but not result	ing in the ur	nderiying	y cause given in	Part i.	1. 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO OF DEATH? 1 YES 2 X SO OF DEATH?					
25. WAS CASE EXAMINED 1 VES 27. MANNER O	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:												
1 TYES 27. MANNER O		1 Impatient 2X E		TIME OF	□ Nursing Name 5 □ Residence 6 □ Other (Specify)					INJURY OCCURED			
2 Accid	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation					WORK? M 1 YES 2 NO							
4 Home	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
(Check onlone)	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
296. SIGNATUR	296. SIGNATURE AND TITLE OF CERTIFIER Muth Rholes m					29c, LICENSE NU	MBER		29d. DATE 5	HIGNED (M	Onth, Day, Year)		
	heila Rho	des, M.D.	of DEATH (ITEM 27) 9000 Fran	(Type, Print) aklin S	Squar	re Drive	, Bai	ltimore	e, Mar	ylan	d 21237		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE FEB 0 6 1990 Sunda Davidson-Randelle												

											9(0	27	70	
	FOR STATE REGISTRAR	STATE OF MARY					EALTH AND N		IEN NO						
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF OEA				3. TIME O	DEATH		
	JOHNNY Hen	rv	GRAH	MAI	IV			MONTH DAY YEAR 2 3 90				9:01	5 E	. м	
	4. SOCIAL SECURITY NUMBER		X 6. AGE (In yrs. lest			YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TH .		20	IPLACE (State		ian	
	577-02-4888	1 X M 2 🗆 F	20		MONTHS	DAYS	HOURS MIN.	1-21-		70	Count				
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN 0	OR LOCATION OF DE	ATH 9c. COUNTY				EATH			
TOR	Johns Hopkins H	Mospital				Balt	timore Ci	ity							
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?				
											1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	IZEN OF	WHAT COUN	TRY?		
#	3117 Sumpter	Avenue					21215			1	JSA	: Δ			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARM	AED			ENGENT OF HISPAN				14. RACI	E — America	n Indian	,	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YE	1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)							Specify: Black					
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DEC	EDENT'S L	JSUAL OC	CUPATIO	ON	16b. KIND C	F BU	SINESS/INC	DUSTRY				
	Elamentary/Secondary (0-12)	Completed) College (1-4 or 5+)	life. I	Do NOT use	ork done d retired.)	unng mo	st of working								
=	12	Conega (14 of 54)	Con	str	ucti	ion		Buil	di	na I	ndu	stry			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NAI					dustry			
		Cashaa II						, , , , , , , , , , , , , , , , , , , ,							
H	Johnnie Henry	Granam II	7				Bertha						_		
임	TENTO TIMES PETER, AND LA						nd Number or Rural F								
N	Bertha Mae Gre	T					r Avenu								
1	26s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	other place	ce)			emetery			CATION —		e Md			
	21, SIGNATURE OF FUNERAL SERVICE LIC		neb te	- I II			ND ADDRESS OF FAC								
	27. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H.											Η.			
	James	C.Va	~		46	11	Park H	eights	A	venu	e	2121	5		
	23. PART I. Entar tha diseeses, or o				ot entar	tha mo	de of dying, suci	h as cerdiac or	геер	iretory sr	rest,		roximst		
	shock, or heart fallure.	Liet only ona cause or	aech lina.										val Bet		
	disease or condition	Maltiple	Cunak	and To	Farra.	<i>a</i> .	IIoo J ou	al Nicola				Onset and Death			
	resulting in death)	Multiple				Sto	nead an	id_Neck				+			
	OUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentisity list conditions,	bOUE TO (OR A	P A COMPECI	HENCE OF								-			
Ē	If eny, leading to immediata ceuse, Enter UNDERLYING	ODE TO JOH A	S A CONSEC	DENCE OF):							i			
0	CAUSE (Diseese or Injury	C													
造	that initiated events reculting in deeth) LAST	DUE TO (OR A	S A CONSEC	UENCE OF):							i			
띪	resoluting in destri) CAST	d													
I - I	PART II. Other algnificent condition	c contribution to death	hut not re	nassitina l	- the	do di do	- course share in	Bort I As u	m C A A	AUTOBOY	1	WEDE ALTO	MOV CIN	044400	
MEDICAL	7ATT II. Ottal algimicals condition	a contributing to death	, but not la	additing in	ii tiia tiin	activiti	g cadae givaii iii	P. 248. W		AUTOPSY RMED?	241	AVAILABLE	PRIOR TO	D	
ᆸᆲ								1 🛛	YES 2	ON 🗌		OF OEATH?		USE	
W											1	1 X YES	2 🗌 NO	0	
1 - 1															
₹	25. WAS CASE REFERRED TO MEDICAL					26. PL	LACE OF OEATH (Ch	ack only one)							
PHYSICIAN:	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 X ER/O	utnetlant 3	□ DOA	OTHER		ne 5 🗆 Residence	a C Other (Care)	4.)						
≚	27. MANNER OF DEATH	28a. OATE OF INJUR							-	N.IHBY OC	CHBED				
	(Month, Day, Year) INJURY WORK?									4-					
B	2 Accident Investigation 2-3-90 2:00A III TES 2 A NO Subject Was SHOT														
8	3 Suicide 6 Could not be	building, atc. (S	pecify)	ne, rarm, s	treet, sacto	огу, опіс	•	281. LOCATION (City or Town,	Street	180	0 bl	k Da	ĺlas	5	
	XXX Homicide datarmined			road	l			St., Ba	alt	imor	e Ci	ty, M	D		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kn	owledge, dea	ith occurre	d at the ti	me, date	and place, and dua	to the cause(s) as	nd me	nner sa ste	nted.				
\(\overline{\Sigma}\)	Constitution of the Consti	R: On the besis of examine										s) and menn	er as sta	nted.	
8					- 11										
띪	29b. SIGNATURE AND VITLE OF CERTIFIES	**					29c. LICENSE NUM	ABER		29d. DAT		(Month, De	(, Year)		
0	20 NAME AND ADDRESS OF BEDSON WA	-					OCME				2-4	-90			

111 Penn Street, Baltimore, MD 21201

M.D., Assistant Davidson-Randell FEB 06 1990

James Kaplan,
31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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REG. NO.

2. DATE OF DEATH MONTH - BAY

7. DATE OF BIRTH (Month, Day, Year)

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

244-14-7/2018M20F

5. SEX

1 -

2, 3 sho	OR	Si NAi Hospita	1 N D	Ithmore	Bal	houre	N9
. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OF LOCATI	01	7
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 2931 Oakle	y Are	1. 4		ZIP CODE 21215	
ding physician. the burial-transit	BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		cify Cuban, Mexican, I	ORIGIN7 (Specify Yes Puerto Rican, etc.)
spital or attended for use as	COMPLETED	15. DECEDENT'S EDUCATIC (Specify only highest grade comp. Elementary/Secondary (0-12) Co	ON Neted) Illege (1-4 or 5 +)	16e. DECEDENT'S U (Give kind at wo life. Do NOT use	rk done during mos	N t of working	16b. KIND OF BUS
be del	BE	17. FATHER'S, NAME (First, Middle, Lest)	try	19b. MAILING	OORESS (Street or	18. MOTHER'S NAME 19. SS) Ind Number or Rural Agu	(First, Middle, Maiden S e Genty
must be notified	10	20e, METHOD OF DISPOSITION 1 & Burlel 2 Cremetton 3 Removal	from State 20b	2931 Place of disposition other place)	Oak	ley A	20c 100
death. Professional funeral examiner	eh.	4 Donation 5 Other (Specify) 21. SIGNATURE OF FU MAL SERVICE LICENSI	Musch	- 50	22. HAME AN	o ADDRESS OF FACIL	H. Was
nours after d in by th or remova		23. PART I. Enter the diseases, or comp shock, or heert failure. List IMMEDIATE CAUSE (Final			et enter the mod	le of dying, such a	is cardlec or respli
within 24 mpletely fill cremation vent, the		disease or condition resulting in death) e	DUE TO JOH AS A	AND CONSEQUENCE OF)	1114	metron	Bullara
th certificate be execu- tending physician and al Hygiene prior to buri or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OH AS A	CONSEQUENCE OF)	sun	aldis Or	[2001/A.C
ires that the d signed by the Health and Mei	MEDICAL C	PART II. Other significent conditions co	entributing to death b	ut not resulting in	the underlying	cause given in Pa	24a, WAS AN PERFOR
has b Dept	SICIAN: I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF OEATH (Check	conly one)
PHYSICIAN: The this certificate with the State ted, or Hem	PHYSI		Inpatient 2 ER/Outs 26s. DATE OF INJURY (Month, Day, Year)		OF 28c. INJI	RK?	Other (Specify)
OR ATTENDING IN DIRECTOR: After hours after death item 28 is man	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st			61. LOCATION (Street a City or Town, State)
7 70 =	COMPLET	Torroom orny	i: To the best of my known the besie of examination				
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	199 M	ATH STEM 27) Gives	Print)	D 27	860
		CHRISTOPHER	DKEAR	NEY	700 W	MUH BIVI	BALT
		1 LD 00 1990 Julia	Davidor Ton				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

GENTRY

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

MIN

HOURS

6. AGE (In yrs. last birthday)

3. TIME OF DEATH 90 8. BIRTHPLACE (State or Foreign Country) W. Va 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Yea or No-Specify: Black BUSINESS/INDUSTRY ien Surname) try own, State, Zip Code) salto Mes LOCATION - City or To Approximate spiratory arrest, Interval Between **Onset and Death** AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 TES 2 NO W INJURY OCCURED et and Number or Rural Route Number, manner as stated. and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, 190

MARYLAND 21203-3146

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VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the h	nin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STA		STATE OF MARYLAN	ID / DEPART			MENTAL HYGIEN REG. NO		
	ENT'S NAME (First, Middle, Last)	CRAY				2. DATE OF DEATH DO SOLVE OF A SO	0 - 90 YEAR	12:05 Pm
	11101	SEX 6. AGE (In)		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		THPLACE (State or Foreign
	ITY NAME (If not institution, give street in Secours H	Pulas	ki and the		RLOCATION OF DE	City	9c. COUNTY OF	DEATH
10a. STAT	TE 10b. COUNTY			TOWN OR LOCAT	more	0		10d. INSIDE CITY LIMITS? 1 YES 2 NO
82		e Stree	+	101	2121	7		S, A.
	TAL STATUS 12 rer Merried 2 Married flowed 4 Tolvorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	if yas, sp		IC ORIGIN? (Specify Year, Puerto Rican, etc.)		CE - American Indian, ack, White, etc.
Element 17. FATHE	15. DECEDENT'S EDUCATI (Specify only highest grade com- entary/Secondary (0-12)		Ille. Do NOT use	rk done durina ma	on of of working	16b. KIND OF BU	SINESS/INDUSTRY	
m Vo	er's NAME (First, Middle, Last) Leigh Gra	4			16. MOTHER'S NA	ME (First, Middle, Maiden	_	
e Mr.	Rayeigh Grantino OF DISPOSITION		19b. MAILING A	Loy	sla Sc	outh Number, City or Tow		,
1 M Buri 4 Don	tal 2 Cremation 3 Removal nation 5 Other (Specify)	from State	ther place)	~ Cer	notery	Bal	to. Co.	MD.
P	Joseph J	C. Russ	(dob)	Non	h L, Ruth Ave,	, Balto,,	MD 2	ne, 2222 W.
IMMED	Enter the disease, or com ahock, or heert feliure. List iATE CAUSE (Finel or condition ag in death)	Only Die ceuse on eec	h Ilne.		de or dying, suct	n all cerolec or reep	iratory arrest,	Approximate interval Between Onset and Death
If any, I cause. CAUSE that init	atletty list conditions b	DUE TO (OR AS A C	TORY	FA	ILURE RAL	PNEUMO	NIA.	
PART II	ACUTE RENAL HRONIC LIV	FAILURE	5	the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
EXA		OSPITAL: X Inpetiant 2 - ER/Outpet		OTHER:	ACE OF OEATH (Ch	6 Other (Specify)		
	NER OF DEATH Natural 5 Pending Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	URY AT RK? /ES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED	
3 3 3	Suicide 6 Could not be Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At homa, farm, atr	reet, factory, offic		281. LOCATION (Street City or Town, State		al Route Number,
29a, CER (Che one)	CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0	N: To the best of my knowled on the besis of axamination a						e(a) and manner as stated.
29b. SIG		one mi	0		D26	256	29d. DATE SIGN ► 1-3	ED (Month, Day, Year)
B		MD 194	W. B.	ALTIME	RE, B	256 ALTO N	10 212	23
31 DATE	Br 60199000 gras	SEPREMINE FOR	The state of the s					

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	Ed.	ER	\mathbf{E}	l
	8	5	3	ı
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diseases and completely filled in by the funeral diseases and completely filled in by the funeral diseases and the first companion of removal	the lifet within 12 hours are death with the case cept, or result and mental righers prior to constitute the medical examiner in IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in	
	E	E	2	
	2	2 1	3 E	ı
				ı

RONALD D. SCHECHTER M. D.

31. DATE FILED (Month, Day, Year)

FEB 06 1990

June Savidson-Randelle

		FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH A			GIENI		0	02110
		1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	ICAIL	/ DEATI	1	DATE OF DE			1 3	TIME OF DEATH
	·		2010					МОНТН	DA		EAR	
		JAMES ROBERT GIR		In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24		DATE OF BIF		1 1 7 7		:35 P M
	Ì			YRS. Jest Dirtholy)	MONTHS DA			(Month, Day,	Ybar)		Country)	CE (State or Foreign
		220-44-0101	X 101	THS.			10		<u> 1908</u>			
Ι.	_	9e. FACILITY NAME (If not institution, give street	and number)		96. CITY, TO	WN OR LOCATION	N OF DEATH			9c. COUNT	Y OF DEATH	4
	5		. CHARLES S	STREET	BALT	IMORE, I	MD 21	204		BALTI	MORE	COUNTY
8	ا ڌِ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		ton CIT	Y, TOWN OR L	CATION	-				100	I. INSIDE CITY
	DIMECTOR	MARYLAND BALTIM	ORE COUNTY	100	TIMOR						1[LIMITS? YES 2X NO
	FUNERAL	100. STREET AND NUMBER 614 WILTON ROAD				21204	4			10g. CITIZE	N OF WHAT	COUNTRY?
13	5	11. MARITAL STATUS 12	. WAS DECEDENT EVER II	U.S. ARMED		DECENDENT OF				or No- 14	. RACE -	American Indian,
2	- 11	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 (\(\bar{N}\) YES IF YES, GIVE WAR OR DO WW II			r, specify Cuben, YES 2 [V] NO		uerto Rican,	etc.)		Specify: WHIT	
1 8	3	15. DECEDENT'S EDUCATI (Specify only highest grade com		16e. DECEDENT'S	USUAL OCCU	PATION		16b. KIND	OF BUS	INESS/INDUS		
1	<u>.</u>		College (1-4 or 5+)	itte. Do NOT u	se retired.)	g most of working		}				
. 3	ፈ		+ Years	Phys	cian				Med	ical		
d at once	COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNE	R'S NAME (First, Middle,				
a 2	ויי	Dr. Edward E. G	ibbons			N	4innie	e Goul	ld			
ജി		19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (St	eet and Number o			•	, State, Zip C	ode)	
ĒΝ	2	Doris B. Gibbon	9	614 W	lilton	Rd To	owson.	Md	21	204		
[[م				PLACE OF DISPO						CATION — CH	v or Town.	State
W		20g. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State	Druid F	Ridge	,,				ikesv		
10		21. SIGNATURE OF FUNERAL SERVICE LICENS	SPE	O DI GIG I		E AND ADDRESS	S OF FACILITY	TY				rid
any injury, or other traumatic event, the medical examiner		James 7.11	ide, Jr.	۵,	650	chell-w	Viedet k Rd.			, Inc re, M		1212
		23. PART I. Entar the diseases, or com			not entar tha	moda of dyln	g, such sa	s cardiac o	r respl	ratory srres	st,	Approximate
E		shock, or heart failure. List IMMEDIATE CAUSE (Final	t only one cause on a	ach line.								Onset and Death
흝		disease or condition	CADDIAG	PPECT								
E E	ı	reaulting in death) a	CARDIAC /	CONSEQUENCE O	F):					·	-	
S -	,		VENTRICUL	AR ARRH	AIMHTY							
量	CERTIFICATION	Sequantially list conditions, if sny, lasding to immediata	DUE TO (OR AS A	CONSEQUENCE O	F):							
	₹	cause. Entar UNDERLYING	PROBABLE	ACUTE M	YOCARD	IAL INF	ARCTI	ON				
ğ ğ	Ĭ	CAUSE (Disease or Injury that Initiated events		CONSEQUENCE								
0 2	=	reaulting in death) LAST	KNOWN COF	ONARY A	RTFRY I	ISFASE						
2 6	5										_	
륄 ;	A I	PART II. Other algorificant conditions of	contributing to death b	out not reaulting	In tha unda	lying cauae gi	ven in Par		WAS AN	AUTOPSY MED?		RE AUTOPSY FINDINGS MLABLE PRIOR TO
E S	S C	KNOWN CORONARY	ARTERY DISE	ASE				_ 10	YES 2	□XNO		MPLETION OF CAUSE DEATH?
	ME									••		YES 2 NO
5											1	
or Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DE	ATH (Check (only one)			_	
ite.	3		IOSPITAL:	nationt 3 DO4	OTHER:				oifu)			
9 5		27. MANNER OF DEATN	280. DATE OF INJURY	26b, TII		Home 5 Res				NJURY OCCU	RED	
E E	2	1 Netural 6 Pending	(Month, Day, Year)		JURY	WORK?						
E C	ā	2 Accident Investigation	28e. PLACE OF INJURY	- At home form				f LOCATION	(Street	nd Number o	Dural Dave	Number
28 is marked,	3	3 Suicide 8 Could not be determined	building, etc. (Spe	cify)	very levice y,		20	City or Tow		THE PROPERTY OF	- warest Freshill	· · · · · · · · · · · · · · · · · · ·
E WIE		204 CENTIFIED				,						. —
= 3		one)	N: To the best of my know									
벌	COMPLE	one) 2 MEDICAL EXAMINER: (On the besie of examination	n end/or investigati	on, in my opini	on, death occure	d at the time	e, date end p	olace, en	d due to the	ceuse(e) en	d manner se stated.
EL	ш	296 SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICEN	NSE NUMBE	R		29d. DATE	SIGNED (MC	onth, Day, Year)
WP C	20	x Finald W	Jenechli							12/	15/9	0
- }	2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	, Print)							

6565 N. CHARLES STREET: SUITE 615

RAI TO MD 21204

MRYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 min TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director has filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must is BALTIMORE

	1 - STATE REGISTRAR	TATE OF MARYLAI		MENT OF H		MENTAL HYGIE	NE	0211
		REGG EDWII	N T. GRE	GG		2. DATE OF DEATH		3. TIME OF DEATH
100	001 - 11	M 2 0 F 7	yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign Country) irginia
DIRECTOR	LEVINVAVE HEBREW GER	ATRIC CENTER	4. HOSPITA		imore		36.000	OF SEATH
1	70701	timore		AVTIMENT	RE-			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
FUNERAL	331 Dunbher				ZIP CODE		U.S.	
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN L FORCES? 1 DYES IF YES, GIVE WAR OR DATE	J.S. ARMED 2 X NO ES		ecify Cuben, Mexico	IIC ORIGIN? (Specify Yon, Puerto Rican, atc.)		RACE — American Indien, Black, White, atc. Specify: White
COMPLETED		ON pleted) bliege (1-4 or 5+) YY •	8a. DECEDENT'S I (Give kind of w life. Do NOT use Pipefit	,	DN at of working		usiness/indust	
BE CON	17. FATHER'S NAME (First, Middle, Leet) William Edwin Gre	gg				ME (First, Middle, Meide Temple	en Sumeme)	
TO B	190. INFORMANT'S NAME (Type/Print) Helen M. Gregg		196. MAILING 331 Dt	address (Street a umbarton	nd Number or Rural Rd. Bal	Route Number, City or R timore, Md	own, State, Zip Cool 21212	de)
	20e, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		PLACE OF DISPOS	aney Val	ley	I	ocation — chy imonium	
	21. SIGNATURE OF FUNERAL SERVICE LICENS Robert M	Robert M.	Kratz			courv .edefeld H ork Rd. 21		
	23. PART I. Enter the diseases, or compands, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		MIA		da of dying, suc	h aa cardiac or ree	piratory arrest,	, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C						
PHYSICIAN: MEDICAL C	PART II. Other algoriticant conditions of RUPTUREY ANTERIOR HYDROCEPHALUS HYPERTEUSION	ontributing to death but	anot resulting in	n the underlying	g causa given in NEWKY87	Part I. 24a. WAS / PERF 1 □ YES	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA		OSPITAL:		OTHER:	ACE OF DEATH (C)			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCUR	ED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, alc. (Specify	- At home, ferm, s	treet, factory, offic	•	26f. LOCATION (Stree City or Town, Sta	et and Number or F (e)	Rural Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN One) 2 MEDICAL EXAMINER: O	: To the best of my knowled in the basis of examination						suse(e) end manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	0. 7 m	11/2	47.	29c. LICENSE NU	7037	29d. DATE SI	GNED (Month, Dey, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO	M. = VEVINITA	WE HEBR	GW GER.	MARIC CE	Fex 4 Hosp	PITAL BA	WTIMPRE 21215
	FEB (6 1990 A.C.)	92. REGISTRAR'S SIGNAT	URE			l .		

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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENTA	L HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	W.	YEAR	3. TIME OF DEATH
	Ruth Magdalen	e Gooden								/3/90	W	TEAR	11:00 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE	DF BIRTH		D. BIRTH	IPLACE (State or Foreign
	214-01-0890	1 🗌 M 2 🙀 F	80	YRS.	MONTHS	DAYS	HOURS	BAIN.		5/09			arvland
	9e. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY	, TOWN C	OR LOCATI	ON OF DE			9c. COUNT	Y OF D	EATH
DR.	Chapel Hill Nurs	ing Home				Rand	lalls	stown	n		Ва	lti	more
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY												
DIRECTOR				10c. CIT	Y, TOWN C								10d. INSIDE CITY LIMITS?
	1101) 11011	ltimore			WOO	dlav							1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	. ZIP COD	-	1007				States
NE I	2124 Northland Ro					1_			1207			ea	States
5	11. MARITAL STATUS 1 Never Merried 2XX Merried	12. WAS DECEDEN	TEVER IN U.S. AF							l? (Specify Yes Ricen, etc.)	or No-	4. RACI	E American Indian, k, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TYES	2 X NO	Specif	y:		- 1	Spec	White
	15. DECEDENT'S EDUC	CATION	16e. DF	ECEDENT'S	USUAL O	CCUPATIO	DAY.		185	. KIND OF BUS	INESS/INDI	ETDV	WILLE
E	(Specify only highest grade Elementary/Secondary (0-12)		(G	live kind of Do NOT u	work done se retired.)	during mo	st of world	ing	100	. Kille of Bot	JIIVE 0 0 1 11 1 0 0		
7	Environment y (0-12)	4 years		lerio	ca1					Hutz1	ers Br	oth	ners
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						16. MOT	HER'S NA	ME (First, I	Middle, Meiden	Surname)		
	William A. Bayer								Ida M	lay Re:	iblich	ı	
BE	190. INFDRMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a	nd Numbe	r or Rural	Route Numi	ber, City or Tow	n, State, Zip (Code)	
2	Mr. Charles Freen	an Goode	n	2124	Nort	hla	nd Ro	oad	Wood	llawn,	MD 2	2120)7
	20a. METHOD OF DISPOSITION		20b. PLACE		SITION (No	me of cer	netery, crea	metory or		20c. LO	CATION — C	ity or To	own, State
	1 X Buriel 2 Cremetion 3 Reme 4 Donation 5 Other (Specify)	ovel from State	other pi		rain	ie Pa	ark (Cemet	tery	Wo	oodlav	m,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES,				NAME A	ND ADDRE	SS OF FA	CILITY	-			
	1 Top lian	111. 4	ONKI	1-						meral			.m. 01100
-	23. PART I. Enter the diseases, pr	omnilications the	t caused the de	eath Do	nnt enter				ty Ro				wn MD 21133
	shock, or heart fallure.	Liat only one ca	use on each line	a.	indi aintai	(via IIIO	oa bi uy	mg, soc	AT 88 COT	Nac Di Tespi	ratory arro	æL,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	m.	1.1.1:		R	./	/	2	non				Onset and Death
	resulting in death)	DUE TO	OR AS A CONSE	CHENCE D		200		acco	IN PV				
_		502 (0	(on no x contac	OOLINOL D									
CERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CONSE	OUENCE O	IF):								<u> </u>
AT	If any, leading to immediate cause. Enter UNDERLYING												
E	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE D	F):								
H	resulting in desth) LAST	d.											
2												_	
AL	PART II. Other significant condition				In the ur	ndarlyin	g cause	given in	Part I.	24a, WAS AN PERFOR		245	MAILABLE PRIOR TO
20	- areversa	a cirtie	acce	alli-	1					1 _ YES 2	-NO		COMPLETION OF CAUSE OF DEATH?
ME													1 TES 2 LNO
ż													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	neck only or	10)			
YSI	1 TES 2 NO		☐ ER/Outpatient :	3 🗆 DOA			10 5 A	lesidence	8 🗆 Othe	(Specify)			
F	27. MANNER OF DEATH 1 Antiural 6 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY	28c. IN.	URY AT		28d. DE	SCRIBE HOW I	NJURY OCC	URED	
ВУ	2 Accident Investigation				М		YES 2	ND ND					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE 6 building	OF INJURY — At he , etc. (Specify)	ome, farm,	street, fac	tory, offic	•			or Town, State)		or Rural	Route Number,
E													
P.	29a. CERTIFIER (Check only												
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of	examination end/or	Investigati	on, in my	opinion, c	leath occu	red at the	time, date	end place, er	d due to the	cause(e) and manner ex stated.
BE C	296. SIGNATURE AND TITLE OF CENTIERS		4 1/1					ENSE NU			29d, DATE	SIGNE	(Month, Day, Year)
	MITTER	5 11	7 ()				0:	338	17		•	2/8	5/20
5	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAL	ISE OF DEATH //TE	M 27) /E	a Defeat							· ·	

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	ATTEN	ECTOR
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	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
	14.1	24

		FOR STATE REGISTRAR	TATE OF MARYLAND		MENT OF H		100	IYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)	V Hol		<i>j</i>		2. DATE OF MONTH	DEATH	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		BIRTHPLACE (State or Foreign Country)
should		9a. FACILITY NAME (If not institution, give street	M 2 F	YRS.	9b, CITY, TOWN O	R LOCATION OF DE	9/5	9c. COUNTY	W. Virginia
2, 3 sh	TOR	7824 Og Kdal	2 Ave		Ro	sedale		B	alto
Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
permit.	EI EI	10e. STREET AND NUMBER	10		101.	ZIP CODE		10g. CITIZE	1 VES 2 NO
Sit	FUNERAL	17 24 Uq Kdq 14	WAS DECEDENT EVER IN U.S.	ABMED	13. WAS DEC	A)23	IC ORIGIN? (S	pecify Yaa or No 14	HACE — American Indian,
	BY FL	1 Never Married 2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, spi	2 NO Specify	, Puerto Rica		Specify: White, etc.
AND 21203-3146 the hospital or attending physical process as the burn once.		15. OECEDENT'S EOUCATIO (Specify only highest grade comp		DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION ork done during mo	DN st of working	16b. KII	OF BUSINESS/INOUS	TRY
D 21: ospital o	COMPLETED	Elementary/Secondary (0-12) Co	ellege (1-4 or 5+)	Hoy:		2		Home	2
the hospition detached		17. FATHER'S NAME (First, Middle, Lest)	Bottomly	1		18. MOTHER'S NAI	ME (First, Midd	le, Maiden Surname)	
MARY Shoped Shoped	TO BE	19a. INFORMANT'S NAME (Type/Print)	K	19b. MAILING	ADDRES (Street, a	414	7 (.	City or Town, State Zip Co	100)
7 8 8 4		20s. METHOD OF DISPOSITION Dispuriel 2 Cremation 3 Removal	1rom State 20b. PL/	ACE OF DISPOS	ITION (Name of cen	netery, crematory or) On	100	y or Town, State
Page 6 mer	456	4 Donation 5 Other (Specify)		H	22. NAME AN	O ADDRESS OF FAC	CILITY	Dalto,	Md.
BALTIMORE ter death. Page or man the funeral director wal.		· [Toly	W		Crack	Resedate	FH	The 12	11 Chesaco Ale.
urs aft In by 1 remo		23. PART I. Enter the diseases com ahock, or haert failure. List			ot anter tha mo	de of dying, suci	h as cardiad	or respiratory arras	t, Approximate Interval Between Onset and Death
fille on, be		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	metastet			ee c	artin	oma	Onser sild Death
4 8 2 3 9	z		DUE TO (OR AS A CO	NSEQUENCE OF):				
Se be e	ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COM	NSEQUENCE OF):				
certi	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A COR	NSEQUENCE OF):				
death death ental		PART II. Other significant conditions co	ontributing to deeth but n	ot resulting i	n the underlying	g cause given in	Part I. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
□ 5 8 5 E	DICAL	severe renor	u obstruct	re 1	ulmor	any cla	case 1	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
RECOR w requires that been signed in pt. of Health a shows any	V: MED						_		1 TES 2 NO
1 m 8 m 7	ICIA		OSPITAL:		OTHER:	ACE OF DEATH (Ch		3-2.2.	
> Clar	PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	RK?		BE HOW INJURY OCCU	RED
	BY	1	28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, o		YES 2 NO	281. LOCATH	ON (Street and Number or fown, State)	Rural Route Number,
= # # 5 5	ETED	4 Homicide determined							
2 4 2 7 1	COMPLET	(Check only	: To the best of my knowledge in the basis of examination en						cause(a) and manner as stated.
TO THE HOSPIT TO THE FUNER. Se filed within 1	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Moorts	hes K	W	29c. LICENSE NUN	ABER	29d. DATE \$	SIGNEO (Month, Day, Year)
₽ ₽ ₽ ¾	2	30. NAME AND AODRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH		- 1	, 0	23	R III .	22 \
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		easte	-NA	١٩٠	wa/40,1	1021024
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12140,	executed within	and complete o burial, crem
500	certificate be	iding physician Hygiene prior ti
HUS, L.	that the death	d by the atten
L NECO	law requires	as been signe Dept. of Health
ALIA JO	HYSICIAN: The	is certificate h
DIVISION OF VITAL RECORDS, F.O. BOA 13148,	A ATTENDING P	IRECTOR: After the nurs after death v
	10	2 등 교

	FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Teanette H	9551	9	2. DATE OF DEATH MONTH DAY	YEAR 2 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215227 489	5. SEX 6. AGE (In yrs. lest	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 2-13-10	8. BIRTHPLACE (State or Foreign Country)
TOR	PA. FRCI.(IV NAME (F not institution, give as well-better, Marchite RESIDENCE OF DECEDENT	cal lenter	9b. CIT	eltine Md	- HOOD Like	Whenth August
DIRECTOR	10a. STATE #D 10b. COUNTY		10c. CITY, TOWN	Homore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1037 N.	Fuston tue		21217		USA
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☑ N IF YES, GIVE WAR OR DATES		WAS DECENOENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify		14. RACE — American Indien, Black, White, stc.
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondery (0-12)	completed) (Gi	CEDENT'S USUAL C ive kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BUSINESS/II	NDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Lest) HENRY WI	ISON		Mar	ME (First, Middle, Melden Sumame, Sea	whalson
1	190. INFORMANT'S NAME (Type/Print) Delhi E.	Thweatt Sr	1037	N. Full	noute Number, City or Town, State, B	24 COOO)
	20e, MÉTHOD OF DISPOSITION 1 Deutiel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State other pla	Butus.	eme of cemetery, crematory or MEH PK	Arbi	- City or Town, State WHUS, MD
	21. SIONATURE OF FUNERAL SERVICE LIC	March	22	HAME AND ADDRESS OF FA	ash Ave	-
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one couse on each line			h sa cerdiac or respiratory	Approximate Interval Between Onset end Death
	disease or condition resulting in death)	a. Left	PLRU DUENCE OF):	ral effi	151011	
NOI	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):	191 mg	153	
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A CONSEC	DUENCE OF):	mongry	arrest	1
CERT	resulting in deeth) LAST	d. <u>Ce</u>	TON		ery dise	ase
SICAL	PART II. Other significent condition	s contributing to deeth but not r	esulting in the u	nderlying couse given in	Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
4: MEDIC					_	1 YES 2 NO
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF OEATH (C)	neck only one)	
PHYSICIAN:	1	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJURY (OCCURED
TED BY	2 Accident Investigation 3. Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, ferm, street, fe		281. LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,
COMPLET	one)	ICIAN: To the best of my knowledge, de ER: On the basic of examination end/or				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU	MBER 29d. D	DATE SIGNED (Month, Dey, Year)
	OFFICE	ehai, mp		m.c		1
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	**			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the right of the true TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examples.

notified at once.

	st)				2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
A	NNA HRADSKY				FEB 1	9	
4. SOCIAL SECURITY NUMBER 217-54-5219	.55.	E (In yrs. last birthday 98 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6	BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution, gi	ve street and number)			OR LOCATION OF D		9c. COUNT	Y OF DEATH
ALICE BYRD TAWE	S NURSING HOM	1E	Cri	sfield		Sc	merset
MD 106. COU	merset	10c. C	RR 1		tation		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER R R	1		10	21838		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 4HO	If yea, sp		NIC ORIGIN? (Specify Yon, Puerto Ricen, etc.) y:	es or No- 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEOENT'S E (Specify only highest gr	rade completed)	(Give kind o	'S USUAL OCCUPATI f work done during me use retired.)		16b. KIND OF BI	USINESS/INOUS	STRY
Elemantary/Secondary (0-12) unknown	College (1-4 or 5+) unknown		ical Nur	se	Day (Care Ce	enter
17. FATHER'S NAME (First, Middle, Last) Martin Hra	dsky				ME (First, Middle, Meide	n Surneme)	
19a. INFORMANT'S NAME (Type/Print) Stella C. Brad		19b. MAILH Rt.	19 ADDRESS (Street	end Number or Rural		wn, State, Zip C	Crisfield,
20. METHOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 F 4 Donation 5 Other (Specify)	lemoval from State	20b. PLACE OF DISP	osition (Nome of ce	metery, cremetory or	20c. L	OCATION — CH	ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE				ND ADDRESS OF FA			
> Taleus	D. Bend	been	Bra 306	dshaw & W. Main	Sons Funer St Cr	al Hom	e.d,MD 21817
23. PART I. Enter the diseases,		ed the death. Do	306	W. Main	St Cr	isfiel	d, MD 21817
23. PART 1. Enter the diseases, ehock, or heert fellu iMMEDIATE CAUSE (Finel disease or condition	a. DIJE TO (OR AS	ed the death. Do	306 on not enter the mo	W. Main	St Cr	isfiel	d, MD 21817 at, Approximate interval Betw
23. PART I. Enter the diseases, ehock, or heert fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS	S A CONSEQUENCE	orp	W. Main	St Cr h as cerdiac or rea facts Part I. 24e. WAS A	n AUTOPSY	d, MD 21817 at, Approximate interval Betw
23. PART I. Enter the diseases, ehock, or heert fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS d. DUE TO (OR AS d. HOSPITAL: 1 Impetient 2 Endo	add the death, Do	g in the underlying	We Main ode of dying, such a s	Pert I. 24a. WAS A PERF	NAUTOPSY ORMED?	24b, WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, ehock, or heert fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of the condition	DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	S A CONSEQUENCE The but not resulting The but not resulting The but not resulting The but not resulting The but not resulting	g in the underlying t	We Main ode of dying, such and the second of	Part I. 24a. WAS A PERFF. 1 YES	N AUTOPSY PRIMED? 2 NO	24b. WERE AUTOPSY FINDS ARALBLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, ehock, or heert fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the conditions of the condits of the conditions of the conditions of the conditions of the c	b. DUE TO (OR AS d. DUE TO (O	a CONSEQUENCE a CONSEQUENCE but not resulting attended 1 1 1000	g in the underlying t	We Main ode of dying, such and the second of	Part i. 24a. WAS A PERFO 1 VES	IN AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDS ARALBLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, ehock, or heert fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of the condition	b. DUE TO (OR AS d. DUE TO (O	a CONSEQUENCE a CONSEQUENCE but not resulting a type of the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting a but no	g in the underlying in the underlying the street, feetony, officered at the time, date	We Main ode of dying, auc one of dying, auc one of dying, auc one of dying, auc one of dying, auc one of dying, auc one of dying, auc one one of dying, auc one one one one one one one one one one	Part I. 24a. WAS A PERFO 1 VES 1 Other (Specify) 28d. DESCRIBE HOW	IN AUTOPSY DRIMED? 2 NO NAUTOPSY DRIMED? 2 NO NAUTOPSY DRIMED? 2 NO NAUTOPSY DRIMED? 2 NO NO NAUTOPSY DRIMED?	24b. WERE AUTOPSY FINDINANALABLE PRIOR TO COMPLETION DE CAUSOF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases, ehock, or heert fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in the condition of the condition	DUE TO (OR AS B. DUE TO (OR AS B. DUE TO (OR AS B. DUE TO (OR AS C. DUE TO (OR AS C. DUE TO (OR AS DUE TO	a CONSEQUENCE a CONSEQUENCE but not resulting a type of the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting at the consequence a but not resulting a but no	g in the underlying in the underlying the street, feetony, officered at the time, date	We Main ode of dying, auc one of dying, auc one of dying, auc one of dying, auc one of dying, auc one of dying, auc one of dying, auc one one of dying, auc one one one one one one one one one one	Part I. 24a. WAS A PERF 1 VES 26d. DESCRIBE HOW 28f. LOCATION (Streethy) or fown, State to the cause(e) end me time, date and piece,	IN AUTOPSY RIMED? 2 IN NO INJURY OCCU t end Number of	24b. WERE AUTOPSY FINDINANALABLE PRIOR TO COMPLETION DE CAUSOF DEATH? 1 YES 2 NO

Semples Committee Committe

MORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the committee of the property of the standard by the attending physician and complete, and the committee of the standard by the attending physician and complete, and the committee of the control of the committee of the committ DIVISION OF VITAL RECORDS, P.O. BOX 13146,

30. NAME AND ADDRESS OF PER

JOHNS
31. DATE FILED (Month, Day, Year)

FEB 06 1990

HOPKINS HOST

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN REG. NO			02113			
	1. DECEDENT'S NAME (First, Middle, Last) JOHN M HENR	IQUES				2. DATE OF DEATH MONTH IN JANUARY	30, 1990	3. T	3:25 p m			
	144-66-6068	1 X M 2 □ F 46		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. Bi	orthelac	CE (State or Foreign Gal			
TOR	9a. FACILITY NAME (If not institution, give afre- THE JOHNS HOPKINS RESIDENCE OF DECEDENT		9		IMORE C	DEATH OC. COUNTY OF DEATH BALTIMORE						
DIRECTOR	100. STATE 100. COUNTY Maryland Balti	imore		CITY, TOWN OR LOCATION OCKeysville 1 Uses								
FUNERAL	25 Bosley Ave.			101	21030		10g. CITIZEN (COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 X X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp		Portuges		14. RACE — American Indian, Black, White, atc. Specify: White				
BE COMPLETED												
E COM	17. FATHER'S NAME (First, Middle, Lust) Jose' Henriques 18. MOTHER'S NAME (First, Middle, Maiden Surname) Aldino Conceicao											
TO B	190. INFORMANT'S NAME (Type/Print) Maria H. Henrique:	S	196. MAILING A			Ploute Number, City or Tove		030				
	20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20e. PLACE OF DISPOSITION (Name of camelery, cremetory or other place) Dulancy Valley Memorial Gardens Timonoium, Md.											
	21. SIGNATURE SUPERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 21212											
	23. PARTI I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final	mplications that caused the list only one couse on each	a death. Do no line.	enter the mo	de of dying, suc	h aa cardlac or reap	elratory arrest,		Approximata Interval Between Onset and Death			
	disease or condition resulting in death)	DUE TO (OR AS A CO	-PULM INSEQUENCE OF):	ONARY	ARRE	ST			minutes			
NOI	Sequentially list conditions, if any, leading to immediate	SEP S	SIS,	ARDS	, A	-ML CLE	EUKEWI	A)	iwk			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	E RETUINSEQUENCE OF):	AL P	ALLURE				2 day			
CERTI	resulting in death) LAST	Tun	102 LY	515	SYLIDRO	ME			5 day			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Near) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED												
ICIAN		HOSPITAL:		OTHER:	LACE OF DEATH (Ch							
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. IN	HURY AT DRK?	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	D				
TED BY	1 250. PLACE OF INJURY At home, term, street, factory office 1 28f LOCATION (Street and Number of Rural Route A							Number,				
COMPLETED	anal	IAN: To the best of my knowleds						use(a) an	d manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER HEDI AVEN	BACH, MD	do	di (29c. LICENSE NU	MBER L UND	29d. DATE SIG	SO /	90			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	UTEM 27 Cha S	brint)		44 6	1	_				

LICENSET

D38625

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1		-	FOR STATE REGISTRAR	STA
Г	1.	D	ECEDENT'S NAME (First, Middle, Last)	

ATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	ALE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		YEAR	3. TIME OF DEATH		
	BESSIE C. HA	ARTMAN					2-3-	1990	N .	TEAR	8:20 P. m		
			GE (In yrs. lest i	hirthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTHPLACE (State or Foreign Country) Maryland COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? 1 (X) YES 2 NO NO. NO. NO. NO. NO. NO. NO. NO. NO.			
					HTHS DAYS	HOURS MIN.	(Month, D	ay, Year)		Countr	γ)		
	213-22-4322		91	1000	9-3-1090 Marytanu								
. 11	9a. FACILITY NAME (If not institution, give stree	t and number)		- 90	b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH		
8	Perring Parkway Me	eridian			Parkville Baltimore						nore		
Ĕ I	Perring Parkway Me	, T 1 0 1 U I I											
Ä.	10a. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOC	ATION					10d. INSIDE CITY		
5	Marvland			Balt	imore								
4	10e. STREET AND NUMBER				7	01. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?		
2	2705 Halayan Ava					21214			11 0	Λ 2			
FUNERAL DIRECTOR	2705 Halcyon Ave.	2. WAS DECEDENT EVE	FR IN II S ARM	ED	12 WAS DE	CENDENT OF HISPAN	IC OBIGINS (Specify Yes			- American Indian		
	1 Never Married 2 Married	FORCES? 1 TY	ES 2 X NO)	If yes, s	pecify Cuban, Mexican	n, Puerto Rica		01 110-				
BY	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR O	R DATES		1 YE	S 2 NO Specify	7:			Whi	#y: †		
	15. DECEDENT'S EDUCAT	TION	Ma DEC	EDENT'S HE	UAL OCCUPAT	201	105 00	ND OF BUE	INCOC/INC		00		
쁘	(Specify only highest grade co	mpleted)	(G/vi	kind of worl	done during r	nost of working	100, 10	NO OF BUS	HUESSHAL	705 (H)			
ا ۳		College (1-4 or 5+)											
P	8 Yrs.		Hor	<u>nemake</u>	r								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAI	ME (First, Mick	de, Maiden	Sumame)				
BE (William Leitch					Anna	Voss						
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or Rural F	Poute Number,	City or Town	n, State, Zip	Code)			
2	Anna Sterlock		27	709 Ha	lcvon	Ave., Ba	lto	Md.	21214	4			
					-	emetery, crematory or		-			wn, Stata		
	20q. METHOD OF DISPOSITION 1 X Burial 2 Cremetton 3 Removi	al from State	other plac	ce)		y 2-7-9	an a						
- 11	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	raikw	000 0	4	AND ADDRESS OF FA		Da	,	riu.			
- 43	Roy H. Catl												
	Rout. Ca	ther)			Leonar	d J. Ruck.I	nc.,530	5 Harri	ford R	d. Ba	lto.,Md. 21214		
	23. PART I. Enter the eleases, or cor	mplications that cau	used tha dea	th. Do not	enter the m	ods of dying, such	h as cardia	or respi	ratory an	rest,	Approximats		
	shock, or haart failure. Lis	-									Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or as a consequence of): Due to												
- 8	resulting in death) a.	0.00	10100000		XOS		10	en	-		see.		
		DUE TO TON	AS A CONSECU	DENCE OF):	3	7	1	- 1		100	0		
Z	Sequentially list conditions, b.		CPC	105	Ele	we	-2-	TA	02	U) C			
Ĕ	If any, lasding to immediata	DOE TO (OR)	AS A CONSECU	DENCE OF):		4.							
2	CAUSE (Disesse or Injury	DUE 70 (00	AS A CONSECU			8	VC-P						
Ë	that initiated events resulting in death) LAST	OUE TO (OR A	AS A CONSECU	DENCE OF):									
H	d.												
EDICAL CERTIFICATION	PART II. Other significant conditions	contributing to das	th but not re	sulting in	tha undariv	na csuse alven in	Part I. 24	la. WAS AN	AUTOPSY	241	WERE AUTOPSY FINDINGS		
₹ I		-	200 10 00 12 00 12 00					PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă	Some +	Zenze	1	100			— l¹	YES 2	□ NO	- 1	OF DEATH?		
Ž	- Herra		10	0 7 4			_ 1				1 TES 2 NO		
	Vincer u	mik											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	I CODE TAL				PLACE OF DEATH (Ch	eck only one)						
Sic		HOSPITAL: I ☐ Inpatient 2 ☐ ER/	Outpatient 3		THER:	ome 5 🗆 Realdence	6 Other (S	Specify)					
Ŧ	27. MANNER OF DEATH	26a. DATE OF INJU		26b. TIME (OF 26c. I	NJURY AT	28d. DESCF	HBE HOW I	NJURY OC	CURED			
	1 Natural 5 Pending	(Month, Day, Ye	701)	INJUR		YORK? YES 2 NO							
ВУ	2 October	28e. PLACE OF INJ		ne, ferm, stre	et, factory, of	lica				r or Rural	Route Number,		
COMPLETED	4 Homicide 8 Could not be datarminad	building, etc.	(Specify)				City or	Town, State)					
E	29a. CERTIFIER	-											
F	(Check only	AN: To the best of my i	knowledge, dea	th occurred	at the time, de	ita and placa, and dua	to the cause	(a) and mar	nner as ste	ted.	1359		
O	one) 2 MEDICAL EXAMINER:	On the besia of axamir	nation and/or in	westigation,	In my opinion	, death occured at the	time, date an	d place, an	d dua to ti	he cause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER		29d. DA1	TE SIGNE	(Month, Pay, Year)		
BE	IVVVV	wid.				10083	0		•	2/3	191.		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH OTEM	27) (Tvna P	rint)	11/00/				1	1 4		
i						D-14-	MAI 04	024					
	Gracito Patricio	J. M.D	3903 Ha	errord	1 KQ.,	Rgito.,	Ma. 21	434					
	FFB 06 1990 3	EGISTRAR'S	Manhanan										

ift. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HI	EALTH AND I	MENTAL	HYGIENE REG. NO.		
S		K. HOFFA	7			MONTH	of DEATH	-90	733A"
	4. SOCIAL SECURITY NUMBER 220-09-8598	5. SEX 8. AGE (In		UNDER 1 YEAR	HOURS MIN.	7. DATE (Month	Der Year) 2/16/17		THPLACE (State or Foreign ntry) Maryland
TOR	SO. FACILITY NAME (If not institution, give	1 11			LS TOW		9c.	BALT	TMOR E
DIRECTOR	10a. STATE 10b. COUNT	altimore		own or Locati timore	ON				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	100. STREET AND NUMBER 5438 Montbel Ave			10f.	ZIP CODE 21207		100		S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2XXNO	13. WAS DECE If yes, spe 1 YES	city Cuben, Mexica	n, Puerto F	? (Specify Yes or N Ricen, atc.)	o— 14. RA Bli	CE — American Indian, sck, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed) College (1-4 or 5+)	18a. DECEDENT'S USU (Give kind of work We. Do NOT use re	done during mos tired.)	N t of working		Hecht C		8071170
COMP	11 years 17. FATHER'S NAME (First, Middle, Lest) Robert Lee Dyson		Salespe	LSON		ME (First, A	Middle, Maiden Surni Cherine	ime)	rd
TO BE	19e. INFORMANT'S NAME (Type/Print) Mr. James Hoffm	an			d Number or Rural i		ber, City or Town, Ste Baltimo		21207
	20a. METHOD OF DISPOSITION 1 Disposition 2 Cremetton 3 Rer 4 Donation 8 Other (Specify)	noval from State	PLACE OF DISPOSITION Other place) West	ern Cen			20c. LOCATIO Bal	on — City or timore	
	21. SIGNATURE OF SAMERAL SERVICE &	CEMBER A. LO	nkin	Lorin		Fune	eral Hom d Randa		wn ,MD 21133
	23. PART I. Enter the disease, pr ahock, pr heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	e. Markasta	ich ilne.				seino		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other algnificant condition	na contributing to deeth be	ut not reaulting in t	he underlying	cause given in	Part I.	24e. WAS AN AUTH PERFORMED 1 YES 2	7	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	neck only on	ne)		
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 Ninpetlent 2 ER/Outp		THER:	8 - Reeldence				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	/ Wo	JRY AT RK? ES 2 NO	28d. DES	SCRIBE HOW INJUI	RY OCCURED	
TED BY	2/ Accident Investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office 28f, LOCATION (Street and Number or Bural Boute Ni								
COMPLETED	100000000000000000000000000000000000000	SICIAN: To the best of my knowl							e(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFI	ens Hous	e Plus	-	29c. LICENSE NU	MBER HJ 6	29	d. DATE SIGN	IED (Morth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	Offmon (comit	Gena	rel	Hospio	bp.	Randollston
	31. DATE FILED (MOOTH, Day, Year) FEB 0 6 1990	A2. REGISTRAR'S SIGN	andelle	7		-			

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DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amount with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremitten, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	9	듬	Po	iter	
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	1. DECEDENT'S NAME (First	, Middle, Last)			/	_			1	2. DATE OF DE	EATH			3. TIME OF DEATH
	I	rvin	W. Bri:	scoe		nle	en.	1 1	en)	02	O.	2	90	500 PM
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. Is	st birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BU	RTH	1	a. BIRTI	HPLACE (State or Foreign
	185-05-86	538	1 M 2 - F	87	YRS.	MONTHS	DAYS	HOURE	MIN.	(Month, Day, 07-3/	Yber)		Count	RYLAND
	9e. FACILITY NAME (If not in		street and number)			oh CIT	V TOWN	OR LOCATI	ON OF DE		-01		NTY OF E	
00	Bon Secou		on our aire nameny											PEAIR
2	RESIDENCE OF DEC					DX.	LITH	more	, 11	a.		N/	A	
	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
DIRECTOR	Md.	N/A			1	BAT.	TIMO	RE						LIMITS?
	10e. STREET AND NUMSER							r. ZIP COD	E			10a. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	4238	Nac	FOIK A	1110			-	2	121	6				
I I	11. MARITAL STATUS	7,007		NT EVER IN U.S.A.	RMED	13	WAS DE	CENDENT (OF HISDAN	IIC ORIGIN? (Spe	acifu Vac		JSA M. BAC	E - American Indian
	1 Never Married 2	Merried	FORCES?	YES 24	NO		If yes, sp	pecify Cube	on, Mexica	n, Puerto Rican,	atc.)	07 110-		E — American Indian, k, White, etc.
BY	3 Widowed 4 Divo	ercod	IF YES, GIVE	MAR OR DATES			1 YES	3 2XXNO	Specify	<i>y</i> :			Spec	BLACK
0	16. DEC	EDENT'S EDU	JCATION	16a. D	ECEDENT'S	USUAL C	CCUPATI	ON		16b. KIND	OF SUS	INESS/IND	USTRY	ZETOR
	(Specify onl	y highest grad	completed) College (1-4 or 5		Give kind of e. Do NOT u	work done se retired.)	during m	ost of worki	ng					
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0011090 (1 4 07 0	"	RETIE	RED				WAT	ERFE	ONT		
COMPLETED	17. FATHER'S NAME (First, IV	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle,				
Ш	WALTER BI	RISCOE								BRISCO		,		
00	19a. INFORMANT'S NAME ((vpa/Print)		10	9b. MAR ING	ADDRES	S /Street	_		Route Number, Cit		Otata 7in	Code)	
임	SADIE AGNI		н							(21216)	y or lown	, 31010, 21,	(0000)	
	20a, METHOD OF DISPOSIT				OF DISPO					(21210)	00- 100	ATAONI	Otto: T	own, State
	1 PQ Muriei 2 Crematic	n 3 🗆 Ren	noval from State		T AU									
	21. SIGNATURE OF FUNERAL		CENSEE	HOUN	I AUI			ND ADDRE			BALI	IMOR	E, P	IARYLAND
	1		11 1	1		-	HAME A	NO ADDRE	33 OF FM	CILITY				
	1 XV	me	lles	- A01	Cles	BI	ROWN	/THON	1PSON	F.H.	P.0	. во	X 44	33 (21223)
	23. PART I Enter the 9	seases, or	complications the	at caused the d	esth. Do	not ante	r the mo	ode of dy	Ing, auc	h an cardiac d	or reepir	atory an	rest,	Approximata
	IMMEDIATE CAUSE (Fig		List only one ce	use on each lin	a.			1						Onset and Death
	disease or condition	→	MS	+===	+ 3	40		('	2 87	052				(MO
	resulting in death)		DUE TO	OB AS A CONSI	EOUENCE O	F):		1	ant		0			The me
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8	cause. Enter UNDERLY	ING	c											
Ē	CAUSE (Disease or injute that initiated evente	NA P	DUE TO	OR AS A CONSE	EQUENCE O	F):								
E	resulting in death) LAS	T	d											
	DART II OIL IIIII-				444								1	
EDICAL	PART II. Other algorifica	int conditio	ns contributing to	death but not	resulting	in the u	nderlylr	ig cause	given in		PERFOR	MED?	241	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
12										10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME														1 YES 2 NO
ż														
\ N N	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:					LACE OF E	DEATH (Ch	eck only one)				
SIC	1 TYES 2 NO			☐ ER/Outpatient	3 🗆 DOA	4 - Nu		me 5 🗆 A	esidence	8 Other (Spe	ctfy)			
PHYSICIAN:	27. MANNER OF DEATH		28s. DATE O	F INJURY Day, Year)	28b. TIN	E OF	28c. IN	JURY AT ORK?		28d. DESCRIB	E HOW IN	JURY OC	CUREO	
ВУ Б	1 Natural 5 2 Accident	Pending Investigation		ody, roury		М		YES 2	□ NO					
D B	• 🗆 • • • • • •	Could not be	28e. PLACE	OF INJURY At h	ome, ferm,	street, fac	tory, offi	ce		281, LOCATION		nd Number	r or Rural	Floute Number,
Ш	4 Homicide	determined	Duniding	, etc. (Specify)						City or Tow	vn, Stitte)			
PLET	290. CERTIFIER	TIEVING DHVS	SICIAN: To the best of	d mu knowledge d	ineth assum	and set than	time det	a and also	and due	to the sources				
OMP	torioun only													e) and manner ee stated.
8					nive a trigetti	J., 111 111y	opinon,	dealth occu	ined at the	nine, unie anu j	piace, air	3 000 10 11	ie caneel	e) and manner ee stated.
ш	296 SIGNATURE AND TITLE	OF CERTIFIE	ER	0.				29c. LIC	ENSE NUI	WBER	5	29d. DAT	E SIGNE	D (Month, Day, Year)
TO B	CM1877 - NOW DUM 5322031 - 213191													
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	10 N Paulson St 1524. Md 21223													
	FEB 0 6	1990	July Davi	AR'S SIGNATURE	ملا									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained to an executed within 24 nours after death.	TO THE FUNERAL DIRECTOR: After this perificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shark the director, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- 1															
- Contraction	1. DECEDENT'S NAME (First,	1		rton					OF DEATH	33 1	990	3. TIME OF DEATH 8 50 PM			
	3.13-01-4	469	5. SEX	8. AGE (In yrs. las	YRS.	NTHS DAY		3-	15-0°	7	B. BIRTH Countr	PLACE (State or Foreign			
CH	Stella Mar	cis Ho					son, MD	EAIR				re County			
DIRECTOR	RESIDENCE OF DEC 10a, STATE MARYLAND	10b. COUNT	MORE COU	INTY		TOWN OR LO						10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER			- 4							IZEN OF V	ZEN OF WHAT COUNTRY?			
FUNERAL	2205-C WHIT	COMB (CIRCLE 12. WAS DECEDEN	T EVER IN U.C. AS	2450		21234 DECEMBENT OF HISPA	No opioi	NO 40 14 - V		S.A.				
2	1 Never Married 2 3 Widowed 4 Divo			YES 2 X		If yes,	specify Cuban, Maxic /ES 2 ANO Speci	en, Puerto		or No—	14. RACE — American Indian, Black, White, atc. Specify: WHITE				
3	(Specify only	EDENT'S EDU y highest grade		(G	CEDENT'S US	k done durina	ATION most of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY				
COMPLEIED	Elementary/Secondary (0 N/A	College (1-4 or 5 -	+)	Do NOT use n		NTATIVE			UNIO	N					
SE CON	17. FATHER'S NAME (FIRST, M. ANDREW MILE		TON				18. MOTHER'S NA MARY R			Surname)					
2	198. INFORMANT'S NAME (Type/Print) MARIAN OVERBEY (SISTER) 199. MARIAN OVERBEY (SISTER) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 9919 PEPPER HILL ROAD, PERRY HALL, MAR									MARYI					
	20a, METHOD OF DISPOSITION 1X Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Rem	noval from State	20b. PLACE other pi	OF DISPOSITI	ION (Name of	cemetery, crematory or				City or To	MARYLAND			
and and a	21. SIGNATURE OF THERA		CEMBER	Ozha	DIND OI	22. NAME	AND ADDRESS OF F					BICTLEUD			
	1/ Juin	00	This			9705	MUNEK FUN BELAIR R	OAD,	BALTI	MORE.	, MAF	RYLAND 21236			
	IMMEDIATE CAUSE (Fin	nal	and only one out	use on each line	в.		mode of dylng, suc				1001,	Approximats Interval Batween Onset and Desth			
EMILITICALION	IMMEDIATE CAUSE (Firdisesse or condition resulting in death) Sequentially list condition is any, leading to immecause. Enter UNDERLY CAUSE (Disesse or injuthat initiated events resulting in death) LAS	lons, diate ling	b. DUE TO		OUENCE OF):		Ion C					interval Batween			
N: MEDICAL CERTIFICATION	disesse or condition resulting in death) Sequentielly list condition in the cause. Enter UNDERLY CAUSE (Disesse or injust that initiated events	lons, dilate ING	b. DUE TO c. DUE TO d.	OR AS A CONSE	OUENCE OF):	Co	Ion C	an		AUTOPSY		interval Batween			
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00 6 00 EG EG

3. TIME OF DEATH 1:12 A.

YEAR 90

REG. NO. 2. DATE OF DEATH MONTH 5

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Μ.

Johnson

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2	exec.	n and	to bu	ımatlıc
	cate be	physicia	e prior	er trat
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2	requires	en sigr	of Hea	shows
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5	ITAL D	RAL DI	72 ho	H He
	E HOSP	E FUNE	d within	RTANT
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to the control of the control	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and in the	be filed	IMPO

TO BE COMPLETED BY PHYSICIAN:

		4. SOCIAL SECURITY NUME	SER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER		IF UNDER	
		266-50-9037		1 M 2 X F	90		YRS.	MONTHS	DAYS	HOURE	MIN.
		9a. FACILITY NAME (If not in		treet and number)				9b. CITY	, TOWN C	OR LOCATI	ON OF DE
Examiner must be motived at once. TO BE COMPLETED BY FUNERAL DIRECTOR	TOR	Bel Air Con		cent Cen	ter			В	elai	r	, Md
	EC	10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN C	OR LOCAT	TION	
		Maryland	Balt	timore			Pho	enix	ζ		
ı	AL	10e. STREET AND NUMBER							101	r. ZIP COD	E
1	EB	4003 Longmo	or Ci	ccle						2113	1
	ВУ	11. MARITAL STATUS 1 Never Married 2 3 Nidowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE V	YES	2 X N			If yes, sp		OF HISPAN an, Mexice Specify
	0		EDENT'S EDU			16a. DE6	CEDENT'S	USUAL O	CCUPATR	ON ost of world	na
	PLET	Elementary/Secondary (C		College (1-4 or 5	+)		nemal	work done se retired.)	ourng na	or or work	1.08
nce.	0	17. FATHER'S NAME (First, M	fiddle, Last)							16. MOT	HER'S NA
31.0		Frank Steve	enson							Mi	nnie
Bell		19a. INFORMANT'S NAME (Type/Print)			198	MAILING	ADDRES	S (Street a	and Numbe	r or Rural I
e not	٤	Evelyn J. W		rth		_		_			rcle
must D		20a. METHOD OF DISPOSIT 1	on 3 🗆 Hem	over from State	1000	other pla	ice)				7 1 1 2 1 8 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		21. BIGNATURE OF POMERIA	yserylof u	lash	K						SOn
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acmin a	CERTIFICATION	if any, leeding to imme	diate	OUE TO	OR AS A	CONSEC	DUENCE O	F):			
5	2	cause. Enter UNDERLY CAUSE (Disease or inju		C	OR AS A	COMPT	MIENCE O	Б.			
010	E	that initiated events reaulting in death) LAS	WENCE O	r-j:							
, 0	H			d							
any injury, or other traumatic even		PART II. Other aignifice	ent condition	ne contributing to	death b	ut not r	eauiting	in the u	nderlyin	g cause	given in
À.	EDICAL	A20	terni	a							
NOWS S	E	11/	nevt	nsica							
2	5	177	1		11	-	P		- 24		

90	02784

A.

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y				t birthday)	IF UNDER	DAY		24 HRS.	7. DATE (Day Yearl		8. BIRTHPL: Country)	ACE (State or Foreign
266-50-9037		1 M 2 X F	90	YRS.	MORTHS	LIMY	Jan. 2, 1900 Maryland				land		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	Y, TOW	N OR LOCATI	ON OF D	EATH		9c. COUN	ITY OF DEAT	ГН
Bel Air Con		cent Cen	ter		В	ela	air	, Md	•		I	lar for	·d
10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LO	CATION			-		10	d. INSIDE CITY
Maryland	Balt	imore		Pho	eni	X						1	LIMITS? YES 2 X NO
10e. STREET AND NUMBER							10f. ZIP COD	E			10g. CITI	ZEN OF WHA	T COUNTRY?
4003 Longmo	or Cir	cle					2113	1			U.	S.A.	
11. MARITAL STATUS 1 Never Married 2	an and		T EVER IN U.S. AR		13.		DECENDENT (or No-		American Indian, fhita, atc.
3 Wildowed 4 Divo		IF YES, GIVE	MAR OR DATES		1 □ YES 2 \(\overline{\text{NO}}\) Specify: White						e		
(Specify on	EDENT'S EDU	completed)	(G	CEDENT'S ive kind of v	USUAL C work done se retired.)	during	ATION most of worki	ng	16b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (3-12)	College (1-4 or 5	+)	memak					Ow	n Home	е		
17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S NA	AME (First, N	fiddle, Maiden	Surname)		
Frank Steve	enson						Mi	nnie	Este	lle H	itchi	ns	
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Stre	et and Numbe	r or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	
Evelyn J. V	Ventwo	cth		4003	Long	gmo	or Ci	rcle	, Pho	enix,	Md.	21131	
20a. METHOD OF DISPOSIT	on 3 🗆 Hem	over from State	fother pl	ace)			cemetery, crei		• •			City or Town	
4 Donation Of Other		the 1	- Druid	Ridg			tery :			Pi	kesvi	lle,	Md.
> Karl	100	Thale	ľ					550.5000	105	0 Yor			204
23. PART I. Enter the d	liseases, or o	compligations the	at caused the de	ath. Do r	not ante	r the	mode of dy	ing, su	h as card	iac or reapi	me, iratory arr	est.	Approximata
ahock, or h	ahock, or heart fallure. List only one cause on eech line.												
IMMEDIATE CAUSE (Fit disease or condition	nai	,	Cond.	-	Psi	11	MILE	- 1	A	120	1		Onset and Death
resulting in death)		a	OR AS A CONSE	OUENCE O	Đ:	1 1	1.00	7	11	1 3			
			,					,					
Sequentially list conditions if any, leading to imme		OUE TO	OR AS A CONSE	OUENCE O	F):								
cause. Enter UNDERLY CAUSE (Disease or init	ING	c	1										
that initiated events		OUE TO	OR AS A CONSE	OUENCE O	F):								
resulting in death) LAS	"	d											
PART II. Other aignifica	ant condition	ne contributing to	death but not	reauiting	in the u	nderi	ving cause	given ir	Part i.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
420	te visio	2								PERFOR	RMED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
Til.		a sice							- 1	1 YES 2	. □ NO		F DEATH?
	The state of the s	1.0104	thet	-6		1015	P		- 1			'	YES 2 NO
25. WAS CASE REFERRED 1	D MEDICAL	Th've	THE CONT		411	21	B. PLACE OF 1	DEATH (C	heck only on	m)			
EXAMINER?		HOSPITAL:		U 204	OTHE	R:		,		,			
27. MANNER OF DEATH		28a. DATE O	ER/Outpatient 3	28b. TIN		7	Home 6 R	esidence	_	CRIBE HOW I	NJURY OC	CURED	
1 Netural 6	Pending	(Month,	Day, Year)	IN.	JURY M		WORK?	NO	1				
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At he	ome, farm,	street, fa	Ь.			261, LOC	ATION (Street	and Number	or Rural Rou	te Number.
4 Homicide	Could not be detarmined	building	, etc. (Specify)						City	or Town, State)			
Torroun orny	TIFYING PHYS	ICIAN: To the best of	of my knowledge, de	eth occurr	red at the	time,	date and plac	e, and du	a to the cau	ise(e) and me	nner aa stat	led.	
one) 2 MEC	DICAL EXAMINE	ER: On the basia of	axamination and/or	Investigation	on, in my	opinio	on, death occu	red at th	e time, data	and place, ar	nd due to th	ne cause(a) a	nd menner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	R AA	00		A A		29c. LJC	ENSE NU	MBER		29d. DAT	E SIGNED (N	fonth, Day, Year)
OPT		11/10	Ullu	- 6	NY		[]	27	97	5)	2/5	190
David W. Mc		M . D .	1131 Be			R	elair	. M	d. 2	1014			
31. DATE FILED (Month, Day)			AR'S SIGNATURE	Lair	204			,					
FEB 06 1990) \$	ulia Davidso	n-Andell										
	- A A												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ditar and the same .. gip. . .

BALTIMOHE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with would feath. Part of the hospital or attending physician.	ould be detached for use as the burial-trans	nutified at once.
ALTIMORE,	death. Pile 6 mil 5	funeral methor page	be ned wron /z nous are dean win the state belt, or regulation where pror to bring, cremator, or lemoves important if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical graminar must be neutrined at once.
	vi ⁺¹ , ours after	plettery filled in by the	De med when fiz hours aren deam with the State begit, or regain and mental righers prior to bona, cremators, or removals IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical gas
30X 13146	cate be executed v	hysician and com	e prior to burial, o
DS, P.O. 1	at the death certifi	by the attending p	y injury, or other
AL RECOR	he law requires th	has been signed	m 23 shows an
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HING PHYSICIAN: 1	After this certificat	marked, or ite
DIVISIO	SPITAL DR ATTEND	ERAL DIRECTOR:	IT: If Item 28 is
	TO THE HOS	TO THE FUN	IMPORTAN

use as the burial-transit permit. Pages 1, 2, 3 should

					•		3					3	U	02103
	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT ICATE				MENTA	L HYGIEN			
	1. DECEDENT'S HAME (First,	Middle, Last)										TIME OF DEATH		
	Toyce.	Jones JOYCE B. JONES								FEF			90	0:30 am
	4. SOCIAL SECURITY HUMB	ER	5. 9EX	BEX 6. AGE (In yrs. last birthday)		IF UNDER 1	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		BIRTHPL	ACE (State or Foreign
	213-13-985	-	1 □ M 2 🛛 F 5 Ø		YRS.	MONTHS	DAYS	HOURS	MIN.	09	/15/3		Country) M D	
	9a. FACILITY HAME (If not institution, give street and number)					9b. CITY,	TOWN	OR LOCATI	OH OF DE	EATH		9c. COUNTY	OF DEAT	Н
DIRECTOR	CHURCH HOSPTTAL CORPORATION					BA	LTI	MORI	Ξ					
5	RESIDENCE OF DEC	10b. COUHTY	,		1 40- 017									
2					10c, CII	10c. CITY, TOWN OR LOCATION							10	d. INSIDE CITY LIMITS?
	MD	BALT	IMORE		- Fo	54 110				X_			YES 2 HO	
M	10e. STREET AHD HUMBER									10g. CITIZE	Og. CITIZEH OF WHAT COUNTRY?			
9	3817 Sylva	n Dri	.ve					2120	07					
FUNERAL	11. MARITAL STATUS		12. WAS DECEDED	T EVER IH U.S. AR							17 (Specify Ye Rican, etc.)	n or Ho- 14	RACE -	American Indian, /hita, atc.
ВУ	1 Never Married 2 3 Widowed 4 Olvo		IF YES, GIVE					2 10	Specify		rittouri, artorj	Specify:		
	_ ^												Neg	RO
E	15. DEC (Specify only	EDENT'S EOU highest grade	CATIOH completed)	(G	ilve kind of	Work done d			ng	16b. KIHO OF BUSINESS/IHDUSTRY				
H	Elementary/Secondary (0	-12)	College (1-4 or 5	•)]]	. Do NOT u	se retired.)								
MP				J.A	DIF	_								
COMPLETED	17. FATHER'S NAME (First, M	. /									Middle, Maiden			
BE		nc/ca	n					130	ENN!	ce	CAR	21/		
0	19a. IHFOPMAHT'S HAME (7)				b. MAILIHO	ADDRESS	(Street a	and Number	r or Rural i	Route Num	ber, City or Tow	State, Zip Co	ide)	0
-		VEK	Nette ST	COMPRI	38	17	SV	IVA	211	DR	# 5%	201	134	410, MD-
	20a. METHOD OF DISPOSITI		comi from State	20b, PLACE	OF DISPO	SITION (Nan	ne of ber	metery, crer	matory or		20c. LC	CATIOH - CIT	y or Town,	State
	Oonation 5 🗆 Other			164	110	, Ce	MA	*			1 8	AHO.		
	21. SIGNATURE OF FUHERA	L SERVICE LIC	CENSEE			22. H	IAME A	HD ADDRE	SS OF FA	CILITY				
	> Botts		neral	14-		100	26	1/	YAL.	1.	- 54	_		
	23 PART I Enter the di	Seeses Dr	onmolications the	at caused the de	ath Do	not enter	2-7 /	do of du	Ing au	117		lunton, none		Approximate
	shock, or heart fallure. List only one ceuse on each line.													
	IMMEDIATE CAUSE (Final disease or condition MALIGNANT MENINGEOOMA													
	resulting In death) a. Due TO (ONAS A CONSEQUENCE OF):													
	E													
ON	Sequentially list conditi	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING													
2	CAUSE (Disease or inju		c. DUE TO	(OR AS A CONSE	DUENCE O	NE)·								-
Ē	that initiated events resulting in deeth) LAS	т		(on no n contac	OOLHOL O	. ,.								
E			d											1
	PART II. Other significa	nt condition	s contributing to	death but not	resuiting	In the un	derlyln	g cause	given in	Part I.	24s. WAS AF			ERE AUTOPSY FINDINGS
2	- T WE A T NO							CC	MILABLE PRIOR TO OMPLETION OF CAUSE					
														F DEATH?
2													i .	
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSICIAN: MEDICAL	EXAMINER?		HOSPITAL:	☐ ER/Outpetlent 3		OTHER	t:							
<u>}</u>	27. MANNER OF DEATH		28a. DATE O		28b. Til			URY AT	esidence		er (Specify)	INJURY OCCUI	DED.	
		Pending		Day, Ybar)	IN.	JURY	WC	PRK?	- HO	200. DE	gonibe non	INSORT OCCU	TED	
ВУ	E _ PECIOSIN	Investigation	28a DI ACE	OF INJURY — At he					_] NO	004.104				
0		Could not be determined	building	etc. (Specify)	mie, ieriti,	street, racto	ory, orne	FIB		City	or Town, State	and Number or)	Hural Hou	le Number,
H					_									
COMPLETED		IFYIHG PHYSI	CIAH: To the best of	f my knowledge, de	eath occur	red at the 11	me, date	and place	, and due	to the ca	use(a) and ma	nner se stated.		
0	one) 2 MED	ICAL EXAMINE	R: On the basie of	examination and/or	investigati	on, in my o	pinion, c	leath occu	red at the	1lme, deta	and place, a	nd dua to the o	:0000(a) 8	nd manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NUI	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
BE (Solal-	MD	S. SHAR	BSHAB					03	7366		D 2/	4/90	5-30
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	SE OF DEATH (ITE	M 27) (Type	e, Print)	CU	URCI	ם דור	SDT	ηz	1 7	7 10) am
	Samir Stab	stab m	2012	hurch Hom	ANA	Johns	Bol	Timo	2 1	15	. 213	731		
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE	1 100	1	,	01.10			,			
	FEB 06 19	30 gr	the Davidson	Madan										

DHMH-18 Rev 1/89

From the Property of the Company of

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

amount be determed for use as the burial-transit permit. Pages 1, 2, 3 should

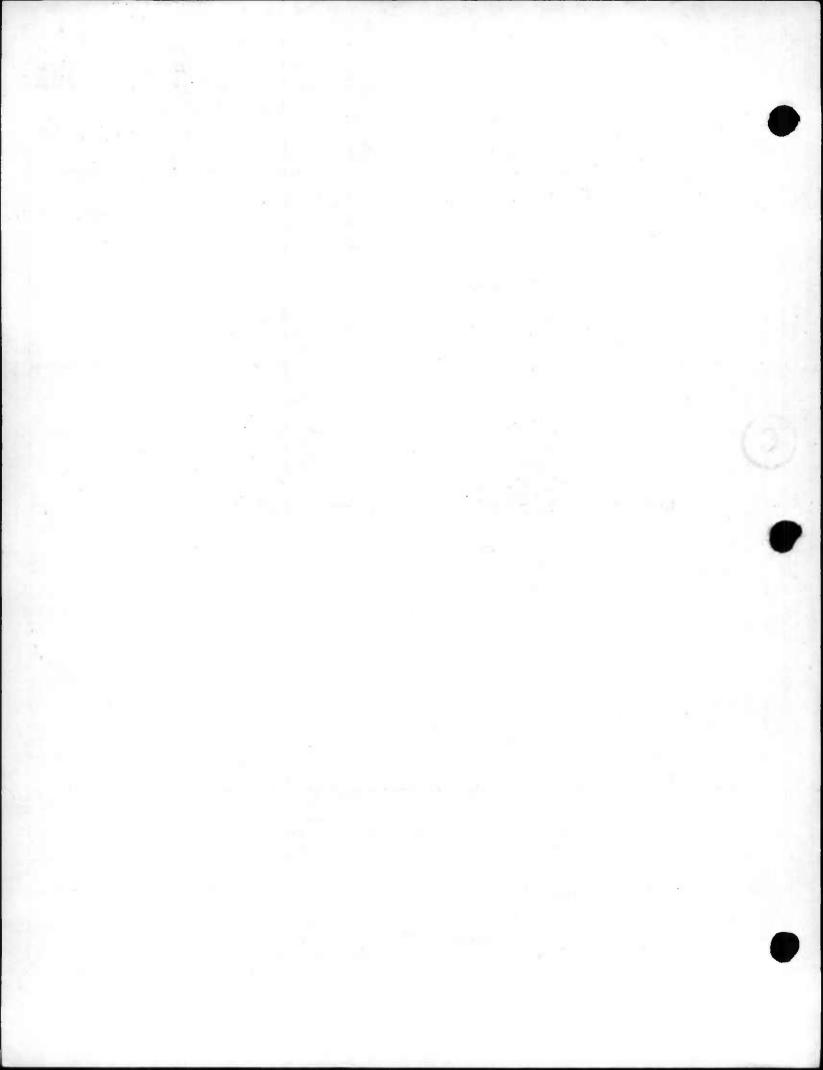
ORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

90 02786

FOR

1. DECEDENT'S NAME (First, Middle, Last)		OLITIII 10	AIL OF	DEATH		REG. NO.		
			7		2. DATE DE		100	3. TIME OF DEATH
NETTIE -	T. JO	NES			MONTH	03	YEAR	6130 PM
4. SOCIAL SECURITY NUMBER	 		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			HPLACE (State or Foreign
218-10-11701	- V	MC	ONTHS DAYS	HOURS MIN.	(Month, E	Day, Year)	Count	(Y)
210-10-4101		50				12-10		My
9s. FACILITY NAME (If not institution, give s	street and number)		b. CITY, TOWN O	OR LOCATION OF O	EATH	9c. CO	UNTY OF	DEATH
SINAL HOSPITA	TH OF E	SALTIMAL	13A1	TIMOR	0			
RESIDENCE OF DECEDENT						-		
10s. STATE 10b. COUNT	Υ	10c. CITY, 1	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
Ma		Dal	timore					1 YES 2 NO
10e. STREET AND NUMBER	LI M		101	. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
2/009	Kley Ave	Aug.		21211				11. CA
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT DF HISPA	NIC ORIGIN?	Specify Yea or No-	14. BAC	E — American Indian,
1 Never Married 2 Married	FDRCES? 1 YES	2 X ND	If yes, sp	ecify Cuban, Mexic	an, Puerto Ric		Blac	k, Whits, atc.
3 Wildowed 4 Divorced	IF TES, GIVE WAR DR D	MIES	1 L YES	2 ND Speci	rry:		Spec	Black
15. DECEDENT'S EDU	ICATION	16a, DECEDENT'S US	HAL OCCUPATION	ON .	18b K	IND OF BUSINESS/II	IDUSTRY	
(Specify only highest grade	e completed)	(Give kind of world life. Do NOT use n	k done durina ma	st of working	low.x	- Dodineson		
Elementary/Secondary (0-12)	College (1-4 or 6+)					0.44		
						0 11,11		
17. FATHER'S NAME (First, Middle, Lest)	C 101			18. MOTHER'S N	AME (First, Mid	idle, Maiden Surname)		
Haderson	Goldston			Jeni	nie	Toung		
19a. INFORMANT'S NAME (Type/Pript)	A / /	19b. MAILING AT	DDRESS (Street a	nd Number or Rural	Route Number	City or Town, Serie, 2	(ip Code)	1
Nettie Ven	detin	5210	2 50	whomat.	Pd	120	HO M	d0515 m
20a. METHOD OF DISPOSITION	201	b. PLACE OF DISPOSITI	ION (Name of car	network cremetory or		20c, LOCATION -	- City or T	own State
1 Burist 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stats	other place)	11-4	- 11011	Ch. W	1600	-0	MI
21. SIGNATURE OF FUNERAL SERVICE LI	OCHOCE	Mu	1VaT	1984	rur	Laur	er,	, 110
21. SIGNATORE OF FUNCHAL SERVICE LI	1 AA		22. NAME AI	ADDRESS OF F	4 U	rest		
7 1186	MIDSON		19	un P.	Brech	n nino	-	
23. PART I. Enter the diseases, or	complications that cause	d the death. Do not	enter the mo	de of dulpa eu	ob an cardia	n De manimatani	ern et	Approximata
	List only one couse on a		arrear trie inc	da or dynig, su	OII da Cal Oie	o Di Tespiratory e	nroot,	interval Between
IMMEDIATE CAUSE (Final	- 1 4 4							Onset and Daeth
disease or condition resulting in death)	CVA							
								1
	DUE TO (OR AS	A CONSEQUENCE OF):						1
	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list conditions,	b	A CONSEQUENCE OF): A CONSEQUENCE OF):						
if any, leading to immediate cause. Enter UNDERLYING	b							
if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS /							
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE OF):						
if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS /	A CONSEQUENCE OF):						
if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	b. DUE TO (OR AS A c. DUE TO (DR AS A d.	A CONSEQUENCE OF):	tha undariyin	g cause given ir	n Part i. 2	4s, was an autops	Y 24	b. WERE AUTOPSY FINDINGS
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS A c. DUE TO (DR AS A d.	A CONSEQUENCE OF):	the underlyin	g cause given in		PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS A c. DUE TO (DR AS A d.	A CONSEQUENCE OF):	the underlyin	g cause given in			Y 24	AVAILABLE PRIOR TO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS A c. DUE TO (DR AS A d.	A CONSEQUENCE OF):	the underlyin	g cause given in		PERFORMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. DUE TO (OR AS A c. DUE TO (DR AS A d.	A CONSEQUENCE OF):	the underlyin	g cause given in		PERFORMED?	Y 24	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated eventa resulting in death) LAST PART II. Other significent conditions to the conditions of the conditions of the cause	b	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. P	g cause given if		PERFORMED?	Y 24	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition	b. DUE TO (OR AS A c. DUE TO (DR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. P		Check only one)	PERFORMED?	Y 24	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR AS A c. DUE TO (DR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. POTHER: Nursing Honor 28c. IN.	LACE DF DEATH (C	Check only one)	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	b. DUE TO (OR AS A c. DUE TO (DR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	26. POTHER: Nursing Hon OF 28c. IN. NY	LACE DF DEATH (C) to 5 - Residence URRY AT JRK?	Check only one)	PERFORMED? I YES 2 ND Specify)		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	b. DUE TO (OR AS A c. DUE TO (DR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in upstlent 3 □ DOA	26. POTHER: Nursing Honor Property 28c. IN. WY M 1	LACE DF DEATH (C	icheck only one) 6 □ Other (26d. DESC	PERFORMED? I YES 2 ND Specify) RIBE HOW INJURY C	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending Investigation 3 Suicide 6 Could not ba	b. DUE TO (OR AS A c. DUE TO (DR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in upstlent 3 □ DOA 4 28b. TIME (INJUE) Y — At home, ferm, str	26. POTHER: Nursing Honor Property 28c. IN. WY M 1	LACE DF DEATH (C	Check only one) 6 □ Other (26d. DESC	PERFORMED? I YES 2 ND Specify)	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
if any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in dasth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not ba	b. DUE TO (OR AS A c. DUE TO (DR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in upstlent 3 □ DOA 4 28b. TIME (INJUE) Y — At home, ferm, str	26. POTHER: Nursing Honor Property 28c. IN. WY M 1	LACE DF DEATH (C	Check only one) 6 □ Other (26d. DESC	PERFORMED? I YES 2 ND Specify) RIBE HOW INJURY C	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Yes 2 NO 28. Accident Fending investigation Investigation Could not be determined	b. DUE TO (OR AS A c. DUE TO (DR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in spetient 3 □ DOA 4 28b. TIME (1) Y — At home, farm, strendity)	26. POTHER: Nursing Hon Y M 1 Det, factory, office	LACE DF DEATH (C) to 5	Check only one) 6 Other (28d. DESC 28f. LOCAT	PERFORMED? I YES 2 ND Specify) RIBE HOW INJURY C	CCURED or Or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-11.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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	1 - STATE REGISTRAR	OF MARYLAND /		MENT UF			REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Lest)	- 02		OAIL OI	DEATH		OATE OF DEATH		3. TIME OF DEATH	
- 8	Alastair	7).	Col 1	ina		'	AONTH DA		0 2:43 P M	
- 8	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 I	HRS. 7. [DATE OF BIRTH	8.1	BIRTHPLACE (State, or Foreign	
(1)	221-86-4745 18M2	DF 21	YRS.	MONTHS DAYS	HOURS N	MIN.	Month, Day, Year)	9/9 1	Country)	
- 57	9e. FACILITY NAME (If not institution, give street and num	9891 CL F-	D.	9b. CITY, TOWN	OR LOCATION	OF DEATH	7901	9c. COUNTY	OF DEATH	
R	Clifton High School	301 St. Lo. (field)	Dr.	Balt	imore	City				
DIRECTOR	RESIDENCE OF DECEDENT									
R	106. COUNTY		10c. CITY	TOWN OR LOC	ATION)			10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		BI	4///1	Ore			40- 01717511	1 PYES 2 NO	
RAI	100. STREET AND NOMBER	4		1	Of. ZIP CODE	n / .		10g, CITIZEN	OF WHAT COUNTRY?	
FUNERAL	11. MARUTAL STATUS 12. WAS DI	ECEDENT EVER IN U.S. ARI	uen.	12 WAS DE	CENDENT OF A	USPANIC O	RIGIN? (Specify Yee	or No.— 14.	RACE — American Indian,	
	1 D Never Married 2 Married FORCE	S? 1 YES 2 AN		If yes, s	pacify Cuban, A	Mexicen, Pu	erto Rican, etc.)	01140-	Black, White, etc.	
ВУ	3 Widowed 4 Divorced	GIVE WAR OR DATES		'''	S 2 110	ъреспу:		1	BIACK	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DEC	CEDENT'S U	JSUAL OCCUPAT	ION		16b. KIND OF BUS	INESS/INDUST	RY	
ET.		-4 or 6+)	Do NOT USE	retired.)	lost of working		0+		-	
MPL			00	OK			KeslAL	PANI		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7.//.			18. MOTHER	S'S NAME	First, Middle, Maiden	Surnama)	/	
BE	MIPHONSO C	011115			IHM	ION	iA P	1 201	7750n	
10	(Se. INFORMANT'S NAME (Type/Print)	196	. MAILING	ADDRESS (Street	and Number or	Rural Route	Number, City or Tow	n, State, Zip Coo	(to)	
	M'S HATONIA DW	sposon 1	03	TION (Name of	1 4617	10	OATIC	2. m	121201	
	20e. METHOD OF DISPOSITION 1			ITION (Name of a	emetery, cremen	lry or	20c. LO	CATION — City	or Town, State	
	4 Donation 5 Other (Specily) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		, ~	22. NAME	AND ADDRESS	OF FACK 17	Y	7//0:	nd 1-4-00/	
				105	ephi	LIK	USS FO	NEV	אונסדן וא	
	Hosiph J. Ke	'SQ		222	20,	Non	In Ave	. BALL	6. Md. 21216	
	23. PAST I. Enter the diseases, or complicated shock, or heart fellure. List only of			ot enter the n	ode of dying	, such 68	cerdlec or respi	ratory arrest	, Approximete Interval Between	
	IMMEDIATE CAUSE (Finel								Onset and Death	
	disease or condition — Multiple gunshot wounds e. Multiple gunshot wounds									
	OUE TO (OR AS A CONSEQUENCE OF):									
O	Sequentially ilst conditions, OUE TO (OR AS A CONSEQUENCE OF):									
AT	If eny, leeding to immediate cause. Enter UNDERLYING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						
FIC	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A CONSEC	OUENCE OF):						
CERTIFICATION	resulting in deeth) LAST									
	PART II. Other significent conditions contribu	iting to death but not r	esulting i	n the underly	no ceuse oly	en in Par	t I. 24a, WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS	
CAL	TAIL II. Caller agrillacent conditions contains	ang to boath but not i	oouting i	ir the dilderly	ing could giv	011 111 1 111	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
							1 X YES 2	□ NO	OF DEATH?	
₹					· · · · · · · · · · · · · · · · · · ·				1 🎇 YES 2 📑 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 New York Solution of DEATH 28. DATE OF INJURY (Month, Day, Vear) 28. TIME OF 26c. INJURY (Month, Day, Vear)						TH (Check o	only one)			
2	EXAMINER? HOSPIT	AL: lent 2 ER/Outpatient 3	□ DOA	OTHER:			COther (Specify)	chool	field	
Η	27. MANNER OF DEATH 26a.	DATE OF INJURY	28b. TIMI	E OF 26c. I	NJURY AT		d. DESCRIBE HOW			
	1 Natural 5 Pending	Month, Day, Year) '31/90	2:36		YES 2 😿 I	NO	Subject	shot		
ВУ	2 Suitalda 26e.	PLACE OF INJURY — At ho		-		\rightarrow	. LOCATION (Street	and Number or i	Rural Route Number,	
191	4 Homicide detarmined	building, atc. (Specify) SChool	fiel	d		28	City or Town, State)		,BaltoCity,MD	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the				ite and place, a					
₩.	(Check only one) 2 MEDICAL EXAMINER: On the b								ause(a) and manner ee stated.	
	201-SIGNATURE AND TURLE OF CERTIFIER				29st LICENS	BE NUMBER	1	29d, DATE B	IONED (Morth, Day, Year)	
BE	frel X F H	MD			750	CME		>	2/1/90	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEATH (ITE	M 27) (1)pe	Print)		See and			m) m) m, m	
	Frank J. Peretti, M.D) Assista	ant		111 P	enn s	St. Bai	lto.MD	21201	
	FEB 06 1990 Suite Description of the state o	EGISTRAR'S SIGNATURE)					22.00		
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OHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. since death. The law requires that the death certificate be executed within 2. should be received to use a since the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be militar at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within X is after death. The first in the hospital or attending physician to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral creation or among the force as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be multited at once.	

WHO COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)

NCUL, TIMO (6)

Daydon-Manage

					90 02/80					
	1 - FOR STATE REGISTRAR		DEPARTMENT OF HEALTH A							
	1. DECEDENT'S NAME (First, Middle, Last)	7	1 -	2. DATE OF DEATH MONTH / DAY/	YEAR 3. TIME OF DEATH					
	KEBECCO		ksen	1/28/	90 10:00AM					
		SEX 6. AGE (In yrs. last I	birthday) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	7. DATE OF BIRTH (Month, Dey, Year) 3/30/97	8. BIRTHPLACE (State of Foreign Country)					
TOR		and number) MEdical Cente	96. CITY, TOWN OR LOCATION	NOF DEATH OCRE CITY SC.	COUNTY OF DEATH					
DIRECTOR	70a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION	,	10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER		101, ZIP CODE	100	1 PTES 2 NO					
FUNERAL	1410 mc Cull	oh St	218	2/7	LISIA.					
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYES 2 TRO IF YES, GIVE WAR OR DATES		HISPANIC ORIGIN? (Specify Yee or N Mexican, Puerto Rican, etc.) Specify:	14. RACE — American Indian, Black, White, atc.					
LETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	npleted) (Glvi	EDENT'S USUAL OCCUPATION or kind of work done during most of working to NOT use retired.)	16b, KIND OF BUSINES	S/INDUSTRY					
COMPLET	17. FATHER'S NAME (First, Middle, Last)		16. MOTH	ER'S NAME (First, Middle, Maiden Suma	6					
BE	NAMANIEL	Johnson		mily Joi	nson					
10	Mr. Alvin SAC	Kson 3	803 Hillow	or Rural Rolled Number, City or Town, Sta Palling	ne md. 21215					
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Disposition (Name of cometery, crematory or other place) 1 Disposition (Name of cometery, crematory or other place) 1 Disposition (Name of cometery, crematory or other place)									
	21. SIGNATURE DI SUMERAL SERVICE LICENS	inul He	22. NAME AND ADDRES	s of FACILITY South	And					
	23. PART I. Enter the diseases, or com		th. Do not enter the mode of dyle	ng, such as cardiac or respirato	ry arrest, Approximate Interval Between					
	IMMEDIATE CAUSE (Final									
	disease or condition - s. Fracture Left hig / 100.									
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
를 증	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSECU	UENCE OF):							
H	resulting in death) LAST									
_	PART II. Other significant conditions c	ontributing to death but not re	sulting in the underlying cause o	iven in Part i. 24s. WAS AN AUTO	OPSY 24b. WERE AUTOPSY FINDINGS					
PHYSICIAN: MEDICAL	1 Renavice 6	Lain Tynd		PERFORMED	? AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ÆD	U				OF DEATH?					
2										
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YSI	1 TYES 2 NO 1	☐ Inputient 2 ☐ ER/Outputient 3	DOA 4 Nursing Home 5 Re	eldence 6 - Other (Specify)						
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2	28d. DEŞCRIBE HOW INJUF	IY OCCURED					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hon building, etc. (Specify)			Number or Rural Route Number,					
COMPLETED	CONSUM ONLY		ith occurred at the time, date end piece,							
CO	2 MEDICAL EXAMINER: C	At the pasie of examination and/or in			a to the couse(e) and manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ce for Al	Hen L 290. LICE	146ZZ	d. DATE SIGNED (Month, Day, Year)					
5	30, NAME AND ANDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		- '/					

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1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL	HYGIENE REG. NO.			
1. DECEDENT'B NAME (First, Middle, Annie () Jankowski				2. DATE O	of DEATH	, 1995	3. 1	: 30PM
4. SOCIAL SECURITY NUMBER 224-18-3686	6. SEX 6. AGE	(In yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, 7 – 8	Day, Yber) -1919		Country)	CE (State or Foreign
99. FACILITY NAME (If not institution, Mary Land Gen				or LOCATION OF D imore Cit			9c. COUNTY OF DEATH		
RESIDENCE OF DECEDEN		10c. CIT	10c. CITY, TOWN OR LOCATION					104	I. INSIDE CITY
RESIDENCE OF DECEDEN 10a. STATE 10b. CO	BALTIMORE			K	1 (LIMITS?	
7908 ST. BRJ	GID LANE		10f. ZIP CODE 21222				10g. CITIZEN	OF WHAT	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 00	If yes, t	CENDENT OF HISPA specify Cuben, Maxic S 2 XNO Speci	NIC ORIGIN? en, Puerto R		or No- 14,		American Indian.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v life. Do NOT us	work done during n	TON nost of working	16b.	KIND OF BUSI	NESS/INDUST	RY	***************************************
Elementary/Secondary (0-12) 7TH GRADE 17. FATHER'B NAME (First, Middle, Las	N/A	CASI	HIER						
17. FATHER'B NAME (First, Middle, Las	it)			18. MOTHER'S N	AME (First, M	iddle, Maiden S	umame)		
SAMUEL LEE A				ANNIE IRENE ASHER					
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					
JOSEPH C. JA		7908 b. PLACE OF DISPOS		RIGID L					
1 X Borial 2 Cremation 3 4 Donation 5 Other (Specify)	Ramoval from Stata	other place)	ILL ME	MORIAL	2-3-9		ATION — City LTIMO		MARYLAN
21. BIGMATURE OF FUNDIAL SERVI	E LICENSEE		DUDA	AND ADDRESS OF FA RUCK FI WISE A	UNER				NDALK, I
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	Pne	umonia					Interval Between Onset and Death
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF		ostructiv	e Pul	monary	Dise	ase	
PART il. Other significant con	PART il. Other significant conditions contributing to deeth but not resulting in the underlying					24a, WAS AN A PERFORM 1 YES 2	IED?	CO OF	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC	M		-						
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	A-181-1 A	OTHER:	PLACE OF DEATH (C					
27. MANNER OF DEATH	1 Inpetient 2 ER/Out			ome 5 - Residence	_	(Specify)	JURY OCCUR	ED	
2 Accident Investige	itlon	JURY N 1	VORK? YES 2 NO						
3 Suicide 8 Could no determine 29a. CERTIFIER (Check only one) 2 MEDICAL EX.		ecify)	street, factory, or	115	City o	ATION (Street ar or Town, State)	nd Number or F	surer House	Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING 2 MEDICAL EX	PHYSICIAN: To the best of my know							ruse(a) an	d manner as stated.
296. SIGNATURE AND TITLE OF CER		1.17.		29c. LICENSE NU			29d. DATE SIGNEO (Month, Dey, Year) 1-31-90		
30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	10.2	n/				71"	, 0
Rajendralu	mar Joshi, M.D.	NATIONAL .	c/o Ma	aryland G	enera	1 Hosp	ital		
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The state of	Store and	1	be notifie	
ING PHYSICIAN: The law requires that the ceant certaincate of executed writing 24 flours after beauti	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funery dues.		niner ritte	
Dean I	the fune	All.	і ехап	L
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The law	te has	ite Depi	₽m 23	
CAN	ertifica	the Sta	or It	
PHYS	r this c	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exan	
-NDINE	R: Afte	er deat	Ils m	
KA	RECTO	urs aft	m 28	
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4	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAI	HYGIENE				
	1. DECEDENT'S NAME (First, Middle, La:	Kersey, J	r.			2. DATE	OF DEATH	98	CAD	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 257-14-1581	1 🔀 M 2 🗆 F	(In yrs. lest birthday)	IF UNDER 1 YEAR	HOURS MIN.	06	OF BIRTH 1. Day, Your) -14-2	3 G	orgi		
TOR	Peninsula Ger		tal		n or location of o isbury	EATH		9c. COUNTY Wi	OF DEATH		
DIRECTOR	10a. STATE 10b. COU	NTY ISSEX	10c. CIT	, TOWN OR LO	sboro		Li			LIMITS?	
FUNERAL	Oak Drive			101. ZIP CODE 19966				10g. CITIZEN	OF WHAT		
В	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	lever Merried 2 Married FORCES? 1 X YES 2			ECENDENT OF HISPA apocity Cuban, Maxic ES 25 NO Speci	nn, Puerlo l		or No- 14.	Black, Wh	American Indian, lite, atc. White	
COMPLETED	15. OECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1. 1	DUCATION ade completed) College (1-4 or 5+) O	16a. OECEDENT'S (Give kind of vite. Do NOT us) business	vork done during retired.)	most of working	mo a:	KIND OF BUS Obile h nd land	ome sa d deve	ales	ent	
BE CO	17. FATHER'S NAME (First, Middle, Last) Lee S. Kersey Si 190. INFORMANT'S NAME (Type/Print)	r.	Leaven and		Savanna	ah Gr	eer				
5	Rush A. Kersey	1.	PO Bo	x 577,	Millsboro		laware	1996	6		
	20a. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	other place of bispos other place) Eastern S	hore Ci	cometery, cromatory or CEMATORY AND ADDRESS OF FA	LOW ITW		rgetow		elaware	
451	Lectaid T	· Water		Wat	son Funer	cal H					
7	23. PART I. Enter the diseases, abook, or heart failured in the second i	a. Arteri	aech lina.	tic Ca						Approximate interval Between Onset and Death	
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL C	PART II. Other significant condit	tions contributing to deeth	but not resulting	in tha underly	ring cause given in	Part I.	24a. WAS AN / PERFORI	MED?	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO	
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck only or	10)				
YSIC	1 X YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/O			Iome 5 🗆 Residence	1					
ву Рн	27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJUR (Month, Day, Year	Y 26b. TIM	JURY	INJURY AT WORK? YES 2 NO	28d. OE	SCRIBE HOW IN	JURY OCCUR	ED		
- 10	3 Suicide 6 Could not determined	building, etc. (Si	RY — At home, farm, pecify)	street, factory, c	ffica		ATION (Street a: or Town, State)	nd Number or I	Rurel Route	Number,	
COMPLETED	onal	IYSICIAN: To the best of my known the best of my known the best of examination of examination of the best of examination of the best of th							ause(a) and	d manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	IMBER		29d. DATE SI	IGNED (Mo	nth, Day, Year)	
TO B	John SOS	ubeley	Deputy		D035	99		01	-30-	-90	
		celey, M.D.	- 504 I	Elbert	a Avenu	e -	Salis	bury,	Md.		
	FEB 06 19	32. REGISTRAR'S SH	SNATURE GANDAL								

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARKAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as nows after death. Page 6 may be retained for minimal or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shows after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumable event, the medical examiner must be profitted at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with t IMPORTANT: If Item 28 is marked,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT OF		ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	KLEWICK	1		2. DATE OF OEATN DAY	90	9-16 OVM.
	220-12-8277	SEX 6. AGE (In yrs. la	YRS. IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Pay, Year) 12/1/03	8. BIRTNP Country)	ALACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give street HAR BOR HOS RESIDENCE OF DECEDENT	end number) PITAL CEN		N OR LOCATION OF BEAT		e. COUNTY OF DEA	ATN
DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TOWN OR LO	CATION			IOd, INSIDE CITY LIMITS? YES 2 \(\bar{\text{\text{NO}}}\) NO
FUNERAL	100. STREET AND NUMBER	uLL S1		212 3C)	U.S.	A COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 TIF YES, GIVE WAR OR OATES	MO If yes,	Specify Cuban, Mexicon, VES 2 10 Specify:	ORIGIN? (Specify Yee or Puerto Rican, etc.)	No 14. RACE Black, Specify	American Indian, White, etc.
COMPLETED	15. OECEOENT'S EDUCAT (Specify only highest grade con	npleted) (f	ECEDENT'S USUAL OCCUP. Give kind of work done during b. Do NOT use retired.)		16b. KIND OF BUSIN	ESS/INDUSTRY	
	17. FATHER'S NAME (First, Middle, Last) STANIS ALLS	LEWAND	OWSKI	18. MOTHER'S NAMI	E (First, Middle, Maiden Su	(1)	MBRICHA
TO BE	190. IMFORMANT'S NAME (Type/Print)	na !	3403 P	eyand Number or Rural Ro	oute Number, City or Town,		13
	20e. NETHED OF DISPOSITION 1 Derial 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	from State	CAIHE	ORAL (PEM FR	TION - CITY OF TOW EDER 1	CK RD.
	21. SIGNATURE OF FUNERAL BETWICE LIGEN	in Dole	150	AND ADDRESS OF FACI 1/8. In	t auc	eset H	rest.
- 3	23. PART i. Enter the disease, or can shock, or heart feilure. Use IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	CRXC	that i	mode of dying, such	as cardiac or respira	tory srrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO OFF AS A CONSI		androvo	is cirkin	dream	e
ERTIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	heavit Ho	resulting in the underl	ying cause given in P	Tert I. 24s, WAS AN AN AN AN AN AN AN AN AN AN AN AN AN	EDT NO	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN		IOSPITAL:	OTHER:	PLACE OF DEATH (Chic	- CONTRACTOR OF THE PARTY OF TH		
	27. MANNER OF DEATN 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	Nome 5 Residence 6 INJURY AT WORK? YES 2 NO	26d. DESCRIBE NOW INJ	URY OCCURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At It building, etc. (Specify)	nome, farm, street, factory, o	office	281. LOCATION (Street end City or Town, State)	d Number or Rural Ro	ute Number,
COMPLETED	enel	N: To the best of my knowledge, on the basis of examination end/o					and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	ia.	M.D	29c. LICENSE NUME	752	DATE SIGNED	Merith, Day, Voar)
	30. NAME AND ADDRESS OF PERSON WHO C	ARA M.D. 32. REGISTRAR'S SIGNATURE	. 3001. S	HAROU	ER ST. 1	BALTIN	ORE MA
	FEB 06 1990	1 4 .4	Pandege		-		Z/Z30

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in 72 hours after death with the State Dept. Of health and mental hygiene prior to build, cremeron, or removal.	T: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical or	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 . CERTIFICATE OF DEATH REGISTRAR 1. DECEMENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH Bessie MONTH 945 Eva Kluge 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 8/8/12 MONTHS DAYS HOURS 218-32-1693 77 MIN. 1 M 2 X F PA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Union Memorial Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Baltimore Pikesville 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10o. CITIZEN OF WHAT COUNTRY? 602 Military Ave. 21208 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3√ Widowed 4 □ Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'B EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8th grade Housewife _____ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Charles Taylor Lily Asdell Hackett BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Asdell Roberta Sutch 1518 Woodridge Lane Sykesville, MD 20a. METHOO OF DISPOSITION 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20s. METHOO OF DISPOSITION

1 □ Donation 5 □ Other (Specify) ... Druid Ridge Cemetery Pikesville, MD 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Home 8728 Liberty Road Randallstown, MD 23. PART Finer the diseases for complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feature. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition rati C CO resulting in death) DUE TO (OR AS A CONSEQUENCE OF): tizing 10 CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING astatio CAUSE (Disease or Injury that initiated events QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? fever 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO npatient 2 - ER/Outpetient 3 - DOA ng Home 8 - Residence 6 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 28e, DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e, PLACE OF INJURY — At he building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 201 EUNIVPLENCY 31. DATE FILEO (Month, Day, 32. REGISTRAR'S BIGNATURE 06 1990 Greha Varidson-Randell

William	t, Middle, Last)						2. DATE O		,		TIME OF DEATH	
	Earl				Langley		2-	2 - 90 DAY	YE	EAR	6:05AM	м
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. Is		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day, Year		BIRTHPLA Country)	MCE (State or Foreign	/
9a. FACILITY NAME (# not h	stone V					on Location of De More Cit	EATN		9c. COUNTY	OF DEAT		
RESIDENCE OF DE	10b. COUNTY			I too CITY	TOWN OR LOCA	TION				1 40	d. INSIDE CITY	
Md.					CTIM	ORE				1	VES 2 NO	1
5005 A		STONE	WAY		10	1. ZIP CODE	13		10g. CITIZEN	U.S	COUNTRY?	
11. MARITAL STATUS 1 P Never Married 2 3 3 Widowed 4 Div		FORCES?	IT EVER IN U.S. AI I YES 2 MAR OR DATES		If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica B 2 NO Specify	n, Puerto Ric			Specify:	American Indian, hita, etc.	
	DEDENT'S EDUC				SUAL OCCUPATI		16b. K	UND OF BUSI	NESS/INDUST	ry		
Elementary/Secondary (1	College (1-4 or 5	116	e. Do NOT use	retired.)	•						
17. FATHER'S NAME (First, A		nav	v			18. MOTHER'S NA	ME (First, Mic	ddle, Maiden S	iurname)	ed		
THEIMA	Type/Print) . H / / /	lard		9b. MAJLINO	ADDRESS (Street	and Number or Rural I	Route Number	THEL	State, Zip Coo	7H (Anoli va	_
20a. METNOD OF DISPOSIT 1	on 3 🗆 Ramo	oval from Stata	20b. PLACE other p	olace) _	TION (Name of ce	metery, crematory or			ATION — City			
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	the	£ 281		ND ADDRESS OF FA		st.	2	121	7	
23. PART I. Entar that c shock, or h iMMEDIATE CAUSE (Fi disease or condition resulting in death)	neart failure. I	Stab		f ches		ode of dying, auc	ch as cardia	or respin	atory arrest	ı	Approximate interval Bate Onset and E	veen
		DUE TO):			<u> </u>				
Sequentially list condi	ediate	ı,	OR AS A CONSE									
	ediate /ING ury	DUE TO		EOUENCE OF):							
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	ediate VING ury	DUE TO	O (OR AS A CONSE	EQUENCE OF):):							
if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	ediate VING ury	DUE TO	O (OR AS A CONSE	EQUENCE OF):):	ng cause given in		24a. WAS AN A PERFORI XX YES 2	MED?	AM CC OF	ERE AUTOPSY FING ARLABLE PRIOR TO IMPLETION OF CAL F DEATH? YES 2 \(\subseteq NO	
If any, leading to immediate. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAST PART II. Other significations.	ediate (ING ury ST	DUE TO	O (OR AS A CONSE	EQUENCE OF	the underlyle	ng cause given in	>	PERFORI	MED?	AM CC OF	MILABLE PRIOR TO IMPLETION OF CAL DEATH?	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	ediate (ING ury ST	DUE TO	O (OR AS A CONSE	EQUENCE OF	the underlylr		neck only one)	PERFORI	MED?	AM CC OF	MILABLE PRIOR TO IMPLETION OF CAL DEATH?	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAST PART II. Other significations of the cause of t	ant condition	DUE TO DUE TO DUE TO DUE TO HOSPITAL: Inputtent 2 28a. DATE (Month, input)	o (OR AS A CONSE o death but not ER/Outpetient Finjury Day, 'bar'	EQUENCE OF	26. F OTHER: 4 Nursing No. OF 28c. IN	LACE OF DEATN (Ch	neck only one 8 Other (PERFORI YES 2 (Specify) RIBE NOW IN	MED?	AM CCC OF	MILABLE PRIOR TO IMPLETION OF CAL DEATH?	
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAST PART II. Other significations of the cause of t	ant condition	DUE TO DUE TO B contributing to HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month, 2-2-2-28a. PLACE	o (OR AS A CONSE o death but not ER/Outpetient Finjury Day, 'bar'	resulting in 28b. Time 18.15	26. F OTHER: COF 28c. IN W OTHER: W OTHER: COF 28c. IN W OTHER: W	PLACE OF DEATN (Ch me \$122 Meldence JURY AT ORK? YES XX NO	8 Other 28d. DESC Sub	PERFORI VES 2 (Specify) RIBE NOW IN Ject S Town Stellel	MED? NO NO HURY occurs tabbec	AM CCC OF XXX	MILABLE PRIOR TO MIPLETION OF CALL DEATH? YES 2 NO	\$E
If any, leading to immecause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? XXX ES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 XXX Nomicide 29e. CERTIFIER (Check only) 1 CERTIFIER 1 CERTIFIER	ant condition: TO MEOICAL Pending Investigation Could not be detarmined	DUE TO DUE TO	O (OR AS A CONSE	reaulting is 3 DOA 28b. Time InJu 5:59	26. F OTHER: 4 Nursing Hor OF 28c. IN BY 1 Irref, factory, offi	PLACE OF DEATN (Ch me \$122 Meldence JURY AT ORK? YES XX NO	a to the cause	PERFORI PERFORI VES 2 (Specify) PRIBE NOW IN JECT S FION (Street ai Town, State) Lode (e) and manifestations	JURY OCCUR tabbec	AM CCC CCC CCC CCC CCC CCC CCC CCC CCC C	MALABLE PRIOR TO MAPLETION OF CALL DEATH? YES 2 - NO	ore

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atal or attending physician. D 21203-3146

BALTIMORE, M

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FEB 06 1990

32. REGISTRA

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	REGISTRAR		CERTII	FICATE OF	DEATH	-	REG. NO.				
į	1. DECEDENT'S NAME (First, Middle, Li	99()				2. DATE MONTI	OF DEATH DAY	YEA		IME OF DEATH	
- 1	FILLSWORTH 4. SOCIAL SECURITY NUMBER	LEE 5. SEX 6. AG	E (In yrs. lest birthday,	IF UNDER 1 YEAR	IF UNDER 24 HRS.		JARY 1	1990		E (State or Fon	
	4			MONTHS DAYS	HOURS MIN.		, Day, Year)		ountry)	O CO	
	217214-3261		0	9b. CITY, TOWN	OR LOCATION OF D	EATH	12-2	9c. COUNTY O	OF DEATH		
Œ				D 3 7 107	MODE CIE	3.7					
DIRECTOR	MA DVT AND CENET RESIDENCE OF DECEDEN		140.0	TY, TOWN OR LOC	MORE CIT	Υ .			1 404	MAINE OUT	
BE	MARYLAND 10b. CO	JN I Y		BALTIMOR					10d. INSIDE CITY LIMITS? YES 2 NO		
. 1	10e. STREET AND NUMBER				Of, ZIP CODE	-		10g. CITIZEN			
FUNERAL	1742 N. CA	Stle St			2/2/2	5		n.	514	_	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DE	ECENDENT OF HISPA	NIC ORIGIN	? (Specify Yes o	or No- 14. 1	RACE - A	American India	
BY F	1 Never Married Married 3 Wildowed 4 Divorced	FORCES? 1 TYES, GIVE WAR OR	DATES	1 - YE	ES 2 No. Speci		rican, etc.)		Specify:	4 0	
ED 8	15. DECEDENT'S	EDICATION	154 DECEDENT	S USUAL OCCUPAT	TION	165	KIND OF BUSI	NESS/INDIASTI	veg,	KO	
ELE	(Specify only highest (Elementary/Secondary (0-12)			f work done during n		100	. 1010 0. 0001				
P	Elementary/secondary (0-12)	Conlege (1-4 or 5 +)	LAbo	n- Ret	TREd			-			
COMPL	17. FATHER'S NAME (First, Middle, Last	1 4 4			16. MOTHER'S N.	AME (First,	Middle, Maiden S	urneme)			
BE	Rudalph	LEC			Violi	4 _	Johns	ON			
2	16. INFORMANT'S NAME (TypePrint)	Ken T	19b. MAILIF	IG ADDRESS (Stree	t end Number or Rural	Route Num	ber, City or Town,	State, Zip Cod	e)	-1	
	20 METHOD OF DISPOSITION	SWON h	7	43N.	cemetery, crematory or	e 5	200 100	ATION - City	m	C/	
	12 Buriel 2 Cremation 3 4 Donetion 5 Other (Specify)		pher place)	T. C M	on the state of th	1	An	Lit	or rown,	m 11	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1.1000	22. NAME	AND ADDRESS OF F	ACILITY	1.7.	Decj L		11001	
	D. B. Hor	/	11-	111	20 11 1	01	esti.		4	_	
	23 PART I Fotor the disagram	or complications that cause	ad the death D	not enter the n	node of dylan eu	ch ss cer	disc or resolu	atory arrest	7/	Approxima	
	ahock, or heart feiture. List only one cause on each line.										
	IMMEDIATE CAUSE (Fine) disease or condition MYOCA PRIATE TRIES DOMESTON									IIIII 20	
	resulting in death) s. MYOCARDIAL INFARCTION Due to (or as a consequence of):										
z	OVERWHELMING SEPSIS 24 HC										
6 5	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury C. ABDOMINAL ABSCESS / PANCREATITIS 24-6									24-601	
CERTIFICATION	that initiated events resulting in death) LAST COLON CARCINOMA										
AL	PART II. Other significant cond	itions contributing to desti	h but not resultin	g in the underly	ing cause given i	n Part i.	24s. WAS AN A PERFORE		AVI	RE AUTOPSY FI MLABLE PRIOR	
MEDIC							1 YES 2	□ NO		MPLETION OF C DEATH?	
									1[YES 2 1	
AN	25. WAS CASE REFERRED TO MEDIC	AL T		26.	PLACE OF DEATH (C	Check only o	(ne)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	Outpetient 3 🗆 DOA	OTHER:	ome 5 🗆 Residence						
H	27. MANNER OF DEATH	25e. DATE OF INJUI (Month, Day, Yea	YY 28b. 1	IME OF 28c.	INJURY AT WORK?	1	SCRIBE HOW IN	JURY OCCUR	ED		
ВУ Р	1 Natural 5 Pending 2 Accident Investiga		7		YES 2 NO						
0	3 Suicide 5 Could no		JRY — At home, fart Specify)	n, street, factory, o	ffice		CATION (Street e	nd Number or I	Rural Route	e Number,	
ETE	4 Homicide determin										
APL	anal	PHYSICIAN: To the best of my ki									
COMPL	2 MEDICAL EX	MINER: On the besis of examin	ation and/or investig	ntion, in my opinior	i este illerisconi		s and place, en				
BE (296 MICHATURE AND TITLE OF CER	TIFIER		MAG	29c. LICENSE N	UMBER		29d. DATE S	GNED (M	onth, Day, Year)	
10	30 NAME MID ADDRESS OF PERSO	T JUN	DEATH (ITEM OF C	DO Origin				- 4	1/	70	
	III A HUME BUILD UPDINGOUND LEHOO	ownin market brook of	(risem ar) (f	hal coul							

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a St. Van de jake

3. TIME OF OEATH

2. OATE OF OEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner is

	1	1, DECEDENT'S NAME (First, Middle, Lest)	15 L	AMB	ROS			2. OATE OF	OEATH DA	2 9	YEAR 3.	TIME OF OEATH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. I	ast birthday) I	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF			BIRTHPL	ACE (State or Foreign
		232-08-453	M 2 F	80	YRS. M	ONTHS DAYS	HOURS MIN.	(Month, D		20	Gree (ce
	ł	9a. FACILITY NAME (If not institution, give a	treet and number)		9	b. CITY, TOWN	OR LOCATION OF DE		0/1	9c. COUHTY		
	08	Francis Scott Ke	y Medical	Cente	r	Balti	more City	r		-		
	ត្ត	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Y		10c, CITY, 1	TOWN OR LOCA	TION				10	d. IHSIDE CITY
	DIRECTOR	Maryland -			Baltimore City						10	LIMITS?
	FUNERAL	100. STREET AND NUMBER 608 S. Oldham St	reet		101. ZIP CODE 21224					10g. CITIZE		T COUHTRY?
	BY FUN	11. MARITAL STATUS 1 Hever Married 2 Married 3/2/-Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X		If yes, s		an, Puarto Rican, etc.) Black, t				American Indian, White, etc.
		15. DECEDENT'S EDU (Specify only highest grade	CATION	18a. E	ECEDENT'S US	UAL OCCUPATI	IOH	16b. KI	HD OF BUS	SIHESS/INDUS	STRY	
	<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	"	Give kind of wor fe. Do NOT use i	etired.)	ost or working		~		3	
	린	8th			Paint	er			Comm	ercia.	I Pa:	inting
	BE COMPLET	17. FATHER'S HAME (First, Middle, Leat) George Lambros		G			16. MOTHER'S HA		die, Maiden	Surname)		
otiffed	9 0	19a. IHFORMAHT'S HAME (Type/Print)		1			and Number or Rural I				,	
96	- 1	George Lambros					Ave., Ba	LTTIMOI				
nst		20g. METHOD OF DISPOSITIOH 1 A Burlel 2 Cremetion 3 Rem	oval from State	other	place)		emetery, crematory or			CATION — CH		
E		4 Donation 5 Other (Specify)	CENSEE	Uak	Lawn (AHD ADDRESS OF FA	CHITY	рали	imore	, Ma	9
E			0	. /)	Matth	news Fune	eral Ho				
L CX		Cem	· mat	Klus			Eastern					
medic		23. PART I. Enter the disease, or shock, or heart fallure. IMMEDIATE CAUSE (Final				t enter the m	ode of dying, suc	h ss cerdisc	c or respi	ratory erres	nt,	Approximate interval Between Onset and Death
the		disease or condition		NON	1110							124/13
vent		resulting in death) e										
natic e	NO N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
traun	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
other		CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A COHSEQUENCE OF):										
7, 0	병		d									
3.1	- 11	PART II. Other significant condition	ns contributing to	death but no	t resulting in	the underlyle	ng cause given in	Part I. 24	ea. WAS AH			ERE AUTOPSY FINDINGS
any	MEDICAL							},	YES 2			OMPLETION OF CAUSE F DEATH?
10WS	ME										1	☐ YES 2 ☐ HO
99												
or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. F	PLACE OF DEATH (Ch	neck only one)				
-	YSI	1 TYES 2 NO	1 Inpetient 2 I		3 🗆 DOA 4	☐ Hursing Ho	me 5 Rasidenca					
	/ PHY	27. MAHHER OF DEATH 1 Hetural 5 Pending	28s. DATE OF (Month, Da		28b. TIME INJUI	YY W	IJURY AT YORK? YES 2 HO	28d. DESCR	RIBE HOW I	HJURY OCCU	IHED	
S Ha	D BY	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF	INJURY — At	home, farm, str	eet, factory, off	lea		ON (Street : Town, State)	and Number of	r Rural Rou	ite Number,
28	ш	4 Homicide detarmined	bullang,	ntc. (Specify)				City or	iowii, State)			
Hem	퓝	29a. CERTIFIER (Check only	SICIAH: To the best of	my knowledge,	death occurred	at the time, da	te and place, and due	to the cause	(a) and mad	nner as stated	d.	
IMPORTANT: If Item	COMPLET	one) 2 MEDICAL EXAMIN	ER: On the beals of ax	amination end/o	or investigation,	in my opinion,	death occured at the	time, data an	nd place, ar	d due to the	cause(a) a	and menner as stated.
) ORI	BE (296. SIGHATURE AND TITLE OF CERTIFIE	the Shu	100	ms		D 3 9	MBER		29d. DATE	SIGHED (M	fonth, Day, Year)
E	စ္	30. HAME AHD ADDRESS OF PERSON WI	HO COMPLETED OFFICE	E OF DEATH ("	TEM 22 (3-1)	(D 37	102		, le	CU	-2 1910
		WILLIAMS AND ADDRESS OF PERSON WI	TO COMPLETED SAUS	COLDBEIL (I	i wm ary (rype, r	maj						
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	160				-			
		FEB 06 1990	32. REGISTRAL	av-light								
			0									DHMH-18 Rev 1/88

BALTIMOBE, MARYLAND 21203-3146

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The results of the state of the	
n. Are this connected may be approach to activities by system and seath with the State Dept. of Health and Merital Hygiene prior to build its marked, or item 23 shows any injury, or other traumatic	
or death with the State Dept. of Health and Mental Hygiene prior is smarked, or Item 23 shows any Injury, or other trau	
or death with the State Dept. of Health and Mental Hygiene Is marked, or Item 23 shows any Injury, or other	
er death with the State Dept. of Health and Mental H Is marked, or Item 23 shows any Injury, or	
n. Alter this countrate has been signed by the act of death with the State Dept. of Health and Ment. Is marked, or Item 23 shows any Injury,	
or death with the State Dept. of Health and Is marked, or Item 23 shows any It	
or death with the State Dept. of Health Is marked, or Item 23 shows an	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) LOCH BOEHLE		OCHBOEHLE	R		2. DATE OF DEAT MONTH	DAY 198	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 220-22-9982			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea		BIRTHPLACE (State or Foreign Country)		
NG.	98. FACILITY NAME (If not institution, give s ST JUSEPHS	HOSPITAL	9		R LOCATION OF DEA		9c. COUNTY	of DEATH Itmore		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c. CITY, 1	TOWN OR LOCAT				10d. INSIDE CITY		
	Maryland Balt 100. STREET AND NUMBER	imore	To	wson 101	ZIP CODE		1 ☐ YES 2 🔣 NO			
FUNERAL	109 Kenilworth	Park Dr.	ALII G ADMICO		1204		U.S.A			
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	2 X NO	2 X NO If yea, specify Cuban, Maxican, Puerto R)	RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of word life. Do NOT use r	(Glve kind of work done during most of working life. Do NOT use retired.)			n Home	ſŖŸ			
OMP	10 yrs 17. FATHER'S NAME (First, Middle, Lest)		Housewif	18. MOTHER'S NAME (First						
BE C	Arthur J. Kildu	iff			Sadie		Colle	1		
2	19a. INFORMANT'S NAME (Type/Print) Lorraine Schott			ACCOUNT CALLED	Ct. Jopi			de)		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cramation 3 Ram 4 Donation 5 Other (Specify)	nound from Ctate	b. PLACE OF DISPOSIT	ION (Name of cer	netery, crematory or	200	imonium,			
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AI	D ADDRESS OF FAC	ILITY		<u></u>		
	· Hand	lulle		Ruck 1050	Towson l York Rd	Funeral . Towson	Home, In , Md. 21	10. 1204		
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cause on	ach lina.			aa cardiac or r	espiratory arrest	t, Approximats Interval Batween Onset and Death		
	disease or condition resulting in death) **Respiratory Jullure**									
N N	Sequentially list conditions a cleance obstructive pulmonary observe									
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF):							
CERTIFICATION	that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
AL C	PART II. Other significant condition		but not resulting in	tha undariyin	g cauaa given in F		S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
		morale					S 2 DAG	COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	Lypolizoca	c Span 1	smelvoire			-		1 TES 2 -NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Che	ok only one)				
IXSI	1 YES 2 NO	1 Inpatient 2 ER/Out	petient 3 DOA 4		e 5 Residence					
ВУ РН	1 Natural 5 Pending 2 Accident investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME (M 1	URY AT IRK? YES 2 NO	28d. OESCRIBE H	OW INJURY OCCUR	IEO		
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, term, streedily)	eet, factory, offic	•	28t. LOCATION (S City or Town,	treet and Number or : State)	Rural Route Number,		
COMPLETED	and and	SICIAN: To the best of my kno ER: On the basis of examinati						cause(s) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Murthy			29c. LICENSE NUM 7)382		29d. DATE S	IGNED (Month, Day, Year)		
2	30. NAME AND AODRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, P	rint)		-				
	Sean Murphy M.D. 31. DATE ELED (Month, Day, Your) FEB 06 1990									
		11	· ·							

AND 21203-3146

DIE POLICE		жаш	I
FUNERAL DIRECTOR. ALIGI JUS CELTIFICATE HAS DOOR SIGNED BY SACRE AND CONTINUE HILL OF THE BINGS	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	STANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami	
DOM!	tion, o	the m	ı
induction	Сгета	went,	
200	burial,	natic e	l
Johnson	prior to	traun	l
M Sun	Aygiene	r other	
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SINE	hours	Hem	
3	2	=	ı
LONG	within	TAME	

	net)								AC BOARIN			
1. DECEDENT'S NAME (First, Middle, La JOHN		TWDTO						MONT			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	L.	LYDIC 6. AGE (in yrs.	last blothdau	IF UNDER		IF UNDER	0.1100		JARY 3	19		1:10 a
	1. SLA 1. M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont)	h, Day, Year)	0	Count	(V)
205-01-5298 Se. FACILITY NAME (If not institution, a)	22	80	1110.			R LOCATI			31-19			NN.
	, , , , , , , , , , , , , , , , , , , ,			9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	DEATH
THE JOHNS HOP	KINS HOSPI	TAL		BAL	TIMO	RE C	ITY			1,5	F 12	MS
Oa. STATE 10b. COL			10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
ARYLAND BA	LTIMORE					EDGE	MER	E				1 YES 2 X NO
0e. STREET AND NUMBER	DI IIIOILD					ZIP CODI				10g. CITI	ZEN OF V	WHAT COUNTRY?
2614 MASSETH	AVENUE						21	219			11	.S.A.
1. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGII	1? (Specify Yea	or No-	14. RAC	E - American Indian.
☐ Never Married ※※ Married	FORCES? 1	MAR OR DATES	XNO.		If yes, spe	2 NO	n, Mexica	n, Puerto	Rican, atc.)		Spec	k, White, atc.
Widowed 4 Divorced						- 20	apromj				Oproc	WHITE
15. DECEDENT'S ((Specify only highest p.		16a. I	DECEDENT'S	USUAL O	CCUPATIO	N of of worlds	-	166	KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		ife. Do NOT u	se retired.)	uunny mo	n ur wurkli	'W					
7TH GRADE	N/A	1	WELDE	R					RHEE	MS		
7. FATHER'S NAME (First, Middle, Last)						16. MOTI	IER'S NA	ME (First,	Middle, Maiden	Surname)		
JOHN E. LYDI	C						ZOR	A	NOT K	NOWN	Ţ	
ea, INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS	S (Street a	nd Number	or Rural I	Poute Num	ber, City or Town	n, State, Zip	Code)	
LOUISE G. LY	DIC		2614	MAS	SET	H AV	ENU	E B	ALTIM	ORE.	MD	21219
Ba. METHOD OF DISPOSITION	27 32-7	20b. PLAC	E OF DISPO							CATION -		
Donation 5 Other (Specify)	emover from State	GARDI	place) ENS C	F F	AIT	H CF	M.	2-3	-90 B	ALTI	MOR	E, MD
1. SIGNATURE OF FUNERAL SERVICE	LICENSE			22.	NAME AN	D ADDRE	SS OF FA	CILITY				
AT	110											DUNDALK
23. PART I. Enter the diseases,	a com				922	WIS	EA	VEN	UE DU	NDAL	K,M	D 2122
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE O	F): Us	yelo	M3-				-		iden 1 Jen
that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	SEOUENCE O	F):								
PART II. Other algnificant condi	tiona contributing to	o death but no	t resulting	in tha ur	nderlying	cause :	given in	Part i.	24s. WAS AN PERFOR	MED?	241	AAALABLE PRIOR TO COMPLETION OF CAU
PART II. Other algnificant condi	tiona contributing to	o death but no	t reaulting	in the ur	nderlying	g cause (given in	Part I.		MED?	248	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
PART II. Other algnificant condi	tiona contributing to	death but no	t resulting	In tha ur	nderlying	cause (given in	Part I.	PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAU
5. WAS CASE REFERRED TO MEDICA		o death but no	t resulting	In tha ur		Cause			PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
5. WAS CASE REFERREO TO MEDICA EXAMINER?	L HOSPITAL:			OTHE	26. Pi	ACE OF D	EATH (Ch	eck only o	PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	L L	□ ER/Outpatient		OTHEI	26. PL R: rsing Hom	ACE OF D	EATH (Ch	eck only o	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE Of (Month, I	□ ER/Outpatient	3 DOA 28b. TIM	OTHEI	26. PL R: rsing Hom 26c. INJ WO	ACE OF D	EATH (Ch	eck only o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: Impattent 2 26a. DATE Of (Month, Impatter) 26a. PLACE 6	ER/Outpatient FINJURY Day, Year)	3 DOA	OTHEI 4 - Nur IE OF JURY M	26. PL R: rsing Hom 26c. INJ WO 1 \(\square\)	ACE OF D • 5 Re URY AT RK? (ES 2	EATH (Ch	eck only of	PERFOR 1 YES 2 1 (Specify) SCRIBE HOW If	MED?	CURED	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, I) on 28a. PLACE 6 be building	☐ ER/Outpatient F INJURY	3 DOA	OTHEI 4 - Nur IE OF JURY M	26. PL R: rsing Hom 26c. INJ WO 1 \(\square\)	ACE OF D • 5 Re URY AT RK? (ES 2	EATH (Ch	eck only of	PERFOR 1 YES 2	MED?	CURED	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigate 2 Accident 3 Suicide 6 Could not determine	L HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, I) be d 28a. PLACE of building	ER/Outpetient F INJURY Day, Year) OF INJURY — At , etc. (Specify)	3 DOA 28b. Tih IN.	OTHEI 4 \(\text{Nur} \) Nur HE OF JURY M street, fac	26. PL R: sing Hom 26c. INJ WO 1 1 1	ACE OF D 5 Re URY AT RK? 7ES 2	EATH (Ch	eck only o	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OC	CURED r or Rural	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 ANO 7. MANNER OF DEATH 1 Netural S Pending Investigati 3 Suicide 6 Could not determine 9a. CERTIFIER (Check only	L HOSPITAL: 1 Inpatient 2 26a. DATE Of (Month, i.) on be d 26a. PLACE of building d	ER/Outpetient F INJURY Day, 16er) OF INJURY — Af , etc. (Specify)	3 DOA 26b. Tifk IN. home, farm, death occur	OTHE: 4 Nur IE OF JURY M street, fact	26. Pt. R: 26c. INJ WO 1 1 1	ACE OF D o 5 R URY AT RK? /ES 2 0	EATH (Ch	eck only o	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OC	CURED or Rural	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural	L HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, I) be d 28a. PLACE of building	ER/Outpetient F INJURY Day, 16er) OF INJURY — Af , etc. (Specify)	3 DOA 26b. Tifk IN. home, farm, death occur	OTHE: 4 Nur IE OF JURY M street, fact	26. Pt. R: 26c. INJ WO 1 1 1	ACE OF D o 5 R URY AT RK? /ES 2 0	EATH (Ch	eck only o	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OC	CURED or Rural	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	HOSPITAL: Inpatient 2 28a. DATE Of (Month, I) De De	ER/Outpetient F INJURY Day, 16er) OF INJURY — Af , etc. (Specify)	3 DOA 26b. Tifk IN. home, farm, death occur	OTHE: 4 Nur IE OF JURY M street, fact	26. Pt. R: 26c. INJ WO 1 1 1	ACE OF D 6 5 Re 7 Re 7 Re 8 2 P 9 and place eath occur	EATH (Ch	26f. LOG	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OC	CURED r or Rural ted.	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending Investigation 2 Accident S Could not determine 1 Homicida S Could not determine 1 Check only One) 2 MEDICAL EXAL 1 OF CERT	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, I) be de	ER/Outpatient F INJURY Day, Year) OF INJURY — Af I, etc. (Specify)	3 DOA 26b. Tili IN. home, farm, death occurr	OTHE: 4 Num IE OF JURY M street, fact and at the 1	26. Pt. R: 26c. INJ WO 1 1 1	ACE OF D 6 5 Re 7 Re 7 Re 8 2 P 9 and place eath occur	EATH (Chasidence NO	26f. LOG	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OC	CURED r or Rural ted.	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Route Number,
5. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending Investigati 2 Accident 6 Could not determine 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, I) be de	ER/Outpatient F INJURY Day, Year) OF INJURY — Af I, etc. (Specify)	3 DOA 26b. Tili IN. home, farm, death occurr	OTHE: 4 Num IE OF JURY M street, fact and at the 1	26. Pt. R: 26c. INJ WO 1 1 1	ACE OF D 6 5 Re 7 Re 7 Re 8 2 P 9 and place eath occur	EATH (Chasidence NO	26f. LOG	PERFOR 1 YES 2 Per (Specify) SCRIBE HOW II CATION (Street a or Town, State)	NJURY OC	CURED r or Rural ted.	ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Route Number,

RYLAND 21203-3146 BALTIMORETO TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must DIVISION OF VITAL RECORDS, P.O. BOX 13146,

the hospital or attending physician. We detached for use as the bunal-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGI			
1. DECEDENT'S NAME (First, Middle, Le CAROLYN	M. LEPPO				2. OATE OF DEATH	DAY	YEAR 990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year			IPLACE (State or Foreign
215-34-1380	1 M 2 X F 8	3 YRS.	MONTHS DAYS	HOURS MIN.	March 16	,1906		larford CoM
	ing Center			timore	AIH	96. COO!		City
RESIDENCE OF DECEDENT		18c CITY	Y, TOWN OR LOCAT	ION				10d, INSIDE CITY
Meridian Nurs RESIDENCE OF DECEDENT 100. STATE 10b. COL	Baltimore		Reister					LIMITS?
100. STREET AND NUMBER 300 Stonecas	#1 - D1		101	ZIP CODE		10g. CITI	ZEN OF V	VHAT COUNTRY?
10e. STREET AND NUMBER 300 Stonecas 11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE	O IN ILC ADMICO	T 40 1110 050	21136	ORIGIN? (Specify	<u> </u>		USA
3 - Widowed 4 Olvorced	FORCES? 1 Y	ES 2 XNO	If yes, sp		n, Puerto Rican, atc.		Spec	— American Indien, k, White, etc. lfy: Thite
15. DECEDENT'S (Specify only highest g Elementary/Secondery (0-12) High School 17. FATHER'S NAME (First, Middle, Lest)	EDUCATION rade completed) College (1-4 or 5+)	(Give kind of v	USUAL OCCUPATION Work done during mote retired.)	DN st of working	18b. KIND OF	BUSINESS/IND	USTRY	
High School 17. FATHER'S NAME (First, Middle, Last)		110						
					ME (First, Middle, Mei Magnes			
19. INFORMANT'S NAME (Type/Print)	8000	19b. MAILING	ADDRESS (Street		Route Number, City or		Code)	
Mr. John A. L	ерро	1057	Rockhi	ll Ave. H	Baltimore	, Md.	2122	29
20e. METHOD OF DISPOSITION ***State	lemoval from State	other place) Deer Pa	erk Cemet			LOCATION — estmin		
21. SIGNATURE OF FUNERAL SERVICE	Eline		700 - 200,000	Funeral	118	24 Rei	ster	stown Road Md. 21136
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Hypeld. BUE TO (OR)	AS A CONSEQUENCE OF	Adseiv.	selyo pr	- Casoki) Varie	elie	· gen.
PART II. Other aignificant condi	tions contributing to deat	th but not resulting	in tha undariyin	g cause given in	PER	S AN AUTOPSY FORMED? S 2 \(\sum \text{NO} \)	248	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA			26. P	LACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/0	Outpatient 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	8 Other (Specify)			
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 DWO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		TURY WO	URY AT ORK?	28d. DESCRIBE HO	W INJURY OC	CURED	
2 Accident Investigati	be 28e. PLACE OF INJ	URY A1 home, farm, : (Specify)		YES 2 NO	281. LOCATION (Sti City or Town, S		or Rural	Route Number,
	HYSICIAN: To the best of my k	nowledge, death occurr	ed at the time, date	end place, end due	to the cause(e) end	manner ee ster	ted.	
one) 2 MEDICAL EXAL	MINER: On the beele of examin	nation end/or investigation	on, in my opinion, o	29c. LICENSE NUI		29d. DAT	E SIGNED	(Month, Day, Year)
Alejandro Meji 31. DATE FILED (Month, Day, Year) CFR (6 1990)		Frederick			100		7-3	3091.

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DALLIMORE, MARKET AND ZIZOS-3146	curs after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOA 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Lurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance

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	FOR 1 • STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEI REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEATH	VIII.	3. TIME OF OEATH
	NEAL FRANKI	IN LESTER	}			02 02	2 90	
	4. SOCIAL SECURITY NUMBER 214-01-2546	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 04		BIRTHPLACE (State or Foreign Country) MARYLAND
	9a. FACILITY NAME (If not institution, give s			9b, CITY, TOWN OF	R LOCATION OF OR		9c. COUNTY	
TOR	NORTH ARUNDEL	HOSPITAL			EN BURN			NNE ARUNDEL
DIRECTOR		, NNE ARUNDE		TOWN OR LOCATION GLI		IIE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1411 OAKDALE R	OAD		10f.	ZIP CODE 2106	51		U.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TO YES IF YES, GIVE WAR OR D	2 NO	If yes, spec		NC ORIGIN? (Specify V n, Puerto Ricen, atc.) v:	os or No— 14.	RACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use CHAUFF)	ork done during mos retired.)	N It of working		C TRAN	SPORTATION
BE CON	17. FATHER'S NAME (First, Middle, Last) WALTER B. LES	TER				ME (First, Middle, Maide E FRANKI		
TO B	190. INFORMANT'S NAME (Type/Print) HAZEL V. LESTE	R				Route Number, City or To		
	20s. METHOD OF DISPOSITION 12 Buriel 2 Cremation/3 Rem 4 Donation 6 Other (Specify)	oval from State	other place)	TION (Name of com RYLAND VIETERY	VETERA	NC	OCATION CHY ROWNSV:	or Town, State ILLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE EX	CENSUE /		RAYMO	DADDRESS OF FA OND C. CRAIN H	FINK FUN	ERAL I	HOME 21061 URNIE, MD.
	23. PART I. Enter the diseeses, or ehock, or heert fellure.	complications that cause	d the deeth. Do no	ot enter the mod	de of dying, suc	h ee cardlec or ree	piratory erreet	Approximate
		LIST-OTTY One couse on a	each line.					
	IMMEDIATE CAUSE (Final disease or condition	Cong			*1			Interval Between Onset end Death
	IMMEDIATE CAUSE (Final	Conq			*1			interval Between
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR A)			Failu 6 rillati			interval Between
ERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR AS	estive a consequence of Venticy	Hoart Ion Fi	*1			interval Between
L CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF	Hoart In Fi	Failu 6 rillati	Part I. 24a, WAS	N AUTOPSY	Interval Between Onset end Death Dea
SAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF	Hoart In Fi	Failu 6 rillati	Part I. 24a, WAS	IN AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d.	A CONSEQUENCE OF	Hoart lan Fi	Failu 6 rillati	Part i. 24a. WAS / PERF	IN AUTOPSY PRMED?	interval Between Onset end Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (OR AS C. DUE TO (OR AS d	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	thought Fi	Fail v 6 rillati	Part i. 24a. WAS A PERFIT 1 U YES	IN AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying 26. PL OTHER: 4 Nursing Home OF 26c. INJ. RY WO!	Fail v 6 rillati	Part i. 24a. WAS / PERF	N AUTOPSY DRMED? 2 [XNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A
BY PHYSICIAN: MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tipetient 3 200A 26b. Time INJU	the underlying 26. PL OTHER: 4 Nursing Homm (OF) MY 28c. INJU MY 1 Y	Fail V 6 Fillati Cause given in ACE OF OEATH (Cr 5 - Residence URY AT RICY ES 2 - NO	Part i. 24a. WAS A PERFit 1 U YES	IN AUTOPSY DRIMED? 2 NO 1 INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS DUE TO	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tpetient 3 200A 28b. Time INJU IY — At home, farm, st ectly)	the underlying 26. PL OTHER: 4 Nursing Home OF 26c. INJI RPY Wol 1 Y	Fail V 6 rillati ace of Oeath (Cr 5 Residence UTY AT RKY (ES 2 NO and place, and due	Part i. 24a. WAS A PERF 1 YES 1 VES Chy or Rown, Street a to the cause(a) and its	IN AUTOPSY DRMED? 2 TNO I INJURY OCCUR I and Number or is	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N/A
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation Suicide Could not be distermined 29a. CERTIFIER (Check only one) CERTIFIYING PHYS one) MEDICAL EXAMINI	DUE TO (OR AS DUE TO	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) TO SEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Wedge, death occurred on and/or investigation	the underlying 26. PL OTHER: 4 Nursing Home OF WO 1 Y treet, factory, office d at the time, date ii, in my opinion, do	Fail V 6 rillati ace of Oeath (Cr 5 Residence UTY AT RKY (ES 2 NO and place, and due	Part i. 24a. WAS A PERF. 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, Ste	N AUTOPSY PRMED? 2 XNO I INJURY OCCUR t and Number or is and due to the ci	Interval Between Onset and Death 24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO N A

TO THE FLINEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct part of the funeral direct part of the funeral direct part of the funeral direct part of the funeral direct part of the funeral direct part of the funeral direct part of the funeral direct part of the funeral part of the funera	the funeral directs, page 5 stuffed be detached for use as the burist-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	Mal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	si examiner must be notified at once.
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC				SIENE I. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH		3. TIME OF DEATH
WILLIAM	THOM	IAS LIP	PINCOTT	SR.	FEB.	O 1 19	90	6:00 P. M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Yo		8. BIRTI	HPLACE (State or Foreign
212-05-5543	1 1 M 2 - F 8	9 YRS. MO	NTHS DAYS	HOURE MIN.	Aug. 3,			
9a, FACILITY NAME (If not institution, give s	street and number)	91	. CITY, TOWN O	R LOCATION OF DE			TIMO	
Harbor Hospital Co	enter		Baltin	nore City	У	C	ity	,10
10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION				10d, INSIDE CITY LIMITS?
Maryland Anne	e Arundel	Gle	n Burni	e				1 TES 2 NO
10e. STREET AND NUMBER			10t	ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
1625 Tieman Di	rive			21061			USA	A
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE			ENDENT OF HISPAN			14. RAC Blac	E — American Indian, k, White, etc.
1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			2XXNO Specify		,	Spec	
15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	IAL OCCUPATIO		165 KIND (OF BUSINESS/IN	DUSTRY	White
(Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during mo		TOD. KIND C	JF BOSINESS/III	0031111	
Elementary/Secondary (0-12)	College (1-4 or 5+) None	Superviso	r_ Col1	ontions	Coo	& Elec	+ ~ i ~	
17. FATNER'S NAME (First, Middle, Last)	None	Tauperviso	1- 0011		ME (First, Middle, A		LIIC	
Thomas	lin	pincott		Annie		_	enn	
19e. INFORMANT'S NAME (Type/Print)	шр		ORESS (Street a	nd Number or Rural I	Route Number, City			
Ramon C.	Miner	1625 T	ieman I	rive C	lon Rurn	ia Ma	rul ai	nd 21061
208. METHOD OF DISPOSITION	2	10b. PLACE OF DISPOSITI				Oc. LOCATION -		
1X) Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	Cedar Hil	1 Cemet	ery		Brook	lyn,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA	CILITY			
+98 Hen	2/2		CTNCLI	ETIONI TELLINI	EDAT HOM			IE, MARYLAND
23. PART I. Enter the diseases, or	complications that cause	ed the death. Do not						D AVE. S.W.
	List only one cause on		girigi tila ilio	an or cynig, sac	ir as cardido or	toophatory o		Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Chon	PILLWIN	IMP.	1 200	-	01-1	•	Onset and Death
resulting in death)	a. CARDID	B A CONSEQUENCE OF):	OPTR V	17/11/5	ES 1	360	man "	-
	SEP	SIC						j
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE OF):						
cause. Entar UNDERLYING	· cnr	GESTI	VE 1	-IBAR	TF	ALLUI	PE	
CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):			-			
resulting in death) LAST	a. PNI	EUMON	1A					
PART il. Other significant condition	ne contribution to death	but not requising in	the similarisin	- course where in	Dort I ata M	AS AN AUTOPS		b. WERE AUTOPSY FINDINGS
PART II. Other significant condition	ins contributing to death	but not resulting in	ina undariyin	g cause given in		ERFORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					- 10	YES 2 NO		OF DEATH?
								1 NES 2 NO
25, WAS CASE REFERRED TO MEDICAL				105 05 051711 (0)				
EXAMINER?	HOSPITAL:		THER:	ACE OF OEATN (Ch				
1 VES 2 NO	1 (D/Inpatient 2 - ER/O			BE 5 Reeldence	8 U Other (Speci		CCURED	
1 Natural 5 Pending	(Month, Day, Yea	r) INJUR	Y WO	PRK?				
2 Accident Investigation 3 Suicide & Could not be		IRY — At home, farm, atre	et, tectory, offic	•	281, LOCATION	Street end Numb	er or Rural	Route Number,
4 Nomicide 8 Could not be determined	building, etc. (S	pecify)			City or Town	, State)		
29e. CERTIFIER	NOVANI, To the house of the latest							
(Cireck Only	SICIAN: To the best of my kn ER: On the basis of examina							(a) and manner as stated
A 1			in my opinion, c					
296. SIGNATURE AND TITL€ ON CERTIFIE	· / / ·			29c. LICENSE NUI	MBER	29d. D/	TE SIGNE	O (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	4 Clons.	ACATM STREET AT THE	dmeh				2/1	140
II AL DANCSON BUSINESS OF PERSON W								
ALEGADO (E 31. OATE FILEO (MONTH, Day, Year)	B 32, REGISTRAR'S SI	HHC, S		ouer	S. Bai	Himo	71	Md.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MARYLAND 21203-3146

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,	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remine	hed or item 23 shows any injury, or other traumatic event, the medical examination
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Las ELMER E		INTHICUM			2. DATE OF OEATH MONTH PA	199	year 5.30 AM M
	4. SOCIAL SECURITY NUMBER 215-01-0709 98. FACILITY NAME (# not institution, given	1 🕅 M 2 🗆 F 8	1 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Dec. 2, 1 ATH	908	e. BIRTHPLACE (State or Foreign Country) Maryland TY OF DEATH
TOR	NORTH ARUNDEL HO	SPITAL	G	LEN BUI	RNIE		A.A.	COUNTY
DIRECTOR	10a. STATE 10b. COU			en Bur				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
RAL	100. STREET AND NUMBER 7841 Cheverly La	no		10f	21061			EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes n, Puarto Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elamantary/Secondary (0-12)	College (1-4 or 5+) None	16e. DECEDENT'S US (Give kind of work life. Do NOT use re Building	done during mo stired.)	st of working	16b. KIND OF BUS		ISTRY
OME	17. FATHER'S NAME (First, Middle, Last)	None	Duriding	ouperi		ME (First, Middle, Maiden	_	any
BE C	George	Linthicum			Carri	е	S	mith_
TOE	19a. INFORMANT'S NAME (Type/Print) Elmer J. Li	nthian Co				Route Number, City or Town		
	20a METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 R	nthicum Sr.	b. PLACE OF DISPOSITI			urel. Mar		20 / 24 Sty or Town, State
Н	1 N Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from State	other place) Meadowri	dge Me	norial Pa	ark El	kridg	e, Maryland
	21. SIGNATURE OF PUMERAL SERVICE	ucents			TON FUNE			COND AVE. S.W. BURNIE, MD2106
CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellu immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS C.		enter the mo	For Cur	cup DE	SSSSSS	Approximata Intarval Between Onset and Daeth
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions of the second of th	Remarks of the second of the s	but not resulting in 1	the undarlyIn	g couse givan in	Part I. 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF GEATH (Ch	eck only one)		
HYSI	1 VES 2 NO	1 Inpetient 2 ER/Out		☐ Nursing Hon	e 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCC	URED
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	PRK?			
B	3 Suicide 6 Could not	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, atre soffy)	et, factory, offic	9	281, LOCATION (Street City or Town, State)		or Rural Route Number,
COMPLET	(Orack Oray	IYSICIAN: To the best of my know						ed. e cause(s) and manner as stated.
BE	29b. SIGNATURE AND TIPLE OF CERT	FIER M	D,		29c. LICENSE NUI	MBER 99/	294. DATE	SHOWED (More), Day, Year)
5	DAVID ROSE, M.D.	200 HOSPITA	L DRIVE #5	•	EN BURNI	E, MARYLAN	D /21	061
	31. DATEFEEDMENTON 1990	Gr. 132, 15005 160 Block						

1	-	STATE REGISTRAR
E,	-	ECEDENT'S NAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	A DESCRIPTION NAME (First Alidello 1 and)		OLIVIII	CAIL OI	DEATH	HEG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) ROSETTA	ROSETTA	LLISTT L	EMONS		MONTH CD.	y 1990 g	3. TIME OF DEATH 430 Am
	4. SOCIAL SECURITY NUMBER	/	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HTHPLACE (State or Foreign
	220-30-0081	1 D M 2 XF 77						arvland
OR	98. FACILITY NAME (If not institution, give str Homewood Hospita Homewood Hospita	eet and number)	outh	96. CITY, TOWN	or Location of DE	Caty	9c. COUNTY C	OF DEATH
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		I too CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	Maryland			ltimore				LIMITS?
AL	10e. STREET AND NUMBER			10	Y. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	417 East 23rd Str				21218			S.A.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 1 NO Specify	iIC ORIGIN? (Specify Yen, Puerto Rican, atc.)		tACE — American Indian, Black, White, etc. Specify: 1
) BY	3 Widowed 4 Divorced						·	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of w life. Do NOT use	rork done during m		16b. KIND OF BU	SINESS/INDUSTF	TY .
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Domesti					
MO	17. FATHER'S NAME (First, Middle, Last)		Doniest	LC	16. MOTHER'S NA	ME (First, Middle, Meider	Surname)	
	Richard H. Elliot	t. Sr.			Addie	Burke		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox	vn, State, Zip Code)
2	Charles H. Carter		3653	Forest	Garden	Ave. Balt:	imore.,	Md 21207
	20a. METHOD OF DISPOSITION 1 [Y Burial 2] Cremetion 3] Remo	20b.	PLACE OF DISPOS other place)	ITION (Name of co	emetery, crematory or	20c. L0	CATION — City of	or Town, State
	4 Donation 5 Other (Specify)	Mt	. Calva				ne Aruno	del Co., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	100	Mar	shall W.	Jones, Jr	Funera	al Home P.A.
CERTIFICATION	23. PART I. Enter the diseases, or callock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ich fine.	9 of 9: es		h aa cardiac or reap		Approximata Interval Between Onset and Deeth
	PART II. Other significant conditions	contributing to death b	ut not resulting i	n the underlyi	ng cause given in	Part I. 24s. WAS A	ALITOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (CA	anck only one)		
SIC	EXAMINER?	HOSPITAL:	ationt 3 DOA	OTHER:	me 5 - Residence			
HX	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. II	IJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	0
ВУР	Natural 5 Pending investigation	(Month, Day, Year)	INJ		YES 2 NO			
COMPLETED B	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, e	street, factory, off	lca	281. LOCATION (Street City or Town, Steh		ural Route Number,
E	29a. CERTIFIER DE CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurre	ed at the time, de	te and place, and due	In the cause(s) and m	nner se steted	
M	onel	R: On the basis of examination						use(a) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d DATE SIG	NED (Month, Day, Year)
BE	Jaren 6	D. Han	MD.				17/	1190
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)		. 1	-	2
	JUAN G	Gtn.	MD	1101	12000	D Hospi	TAL	BALTO.
	FEB () 6 1990	July Davidson	OH DEFENS					

r	2	
	Must	
	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
ith with the State Dept. of Hearth and Merital Hyghere prior to bundl, cremation, of removal	nedicai	
HOH,	the	
, crema	event,	
o Duna	matic	
DUOL E	traur	
ygiene	other	
E	0	
меща	njury,	
and a	À	
неал	WS S	
Б	5	
Dept.	23	
State	item	
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H WILL	arked,	
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item!

MPORTANT: If

BE

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30. NAME AND ADDRESS OF PERSON

HOSPITAL

THE H

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH МРМТЬ. 3, №1990 Ledlich YEAR :02 PM Vivian Anna 0 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign May 8 1924 DAYS Maryland 65 218 14 2928 1 M 2 K F 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Baltimore Co. Middle River DIRECTOR 1547 Chilworth Ave. RESIDENCE OF DECEDENT Baltimore 100 STATE Middle Liver 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21220 1547 Chilworth Ave. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: BY White 3 Wildowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only high Etementary/Sec College (1-4 or 5+) dary (0-12) Home Housewife 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname)
Anna Hilda Hackley Nelson Baker BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
14 West Midland Rd. Balto., Md. 21220 0 Michael Ledlich, Son 20e. METHOD OF DISPOSITION
13© Buriel 2 □ Cremellon 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Gardens of Faith Cemetery Baltimore Co. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 HAME AND ADDRESS OF FAUTHER AL HOME PA Balto Md. 21221 1407 Old Eastern Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. Met only one cause on each line. Approximata interval Retween Onset and Death IMMEDIATE CAUSE (Final disease or condition_ a stati resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT 28d, OESCRIBE NOW INJURY OCCURED Netural 5 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Soecily) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED s Could not be 4 Nomicide determined 29e. CERTIFIER (Check only one)

CERTIFIER (Check only one)

ABENICAL EVAMMED: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner ee stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER nth Day,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

132. REGISTRAR'S SIGNAPORE LOS

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DHMH-18 Rev 1/89

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age 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hay be retained by the hospital or attending physician.

TWORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Mars after TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remova IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical DIVISION OF VITAL RECORDS, P.O. BOX 13146,

707													U	02004
		FOR	OTATE OF I	TARVE AND /	SCRAF		05.11		1410 8		**************************************			
v		1 - STATE REGISTRAR	STATE OF I	/ MARYLAND Ce		ICATE					IYGIENI REG. NO.	E		
Г	i						DELKAMP 2. DATE		2. DATE OF	DEATH			TIME OF DEATH	
	ľ	Henry	W.			dlek				MONTH 1	31/9	Ö	EAR	1:40 PM M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D		6	BIRTHPLA Country)	ACE (State or Foreign
	OR	217-07-5383	1 🕅 M 2 🗌 F	7	6 3.	MONTHS	DAYS	HOURS	MIN.	3-29				Md.
		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATH	ON OF DE	ATH		9c. COUNT	Y OF DEAT	N
		604 Highwood	Drive	(rear)		В	alti	more	Cit	У		n/a		
	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Y		10c. CIT	Y, TOWN C	OR LOCATI	ION					100	d. INSIDE CITY
	<u> </u>	Md.					lto.						- 1	LIMITS?
		10e. STREET AND NUMBER				ра.	-	ZIP CODE	E			10g. CITIZE		T COUNTRY?
	FUNERAL	5207 Anthony Ave							2120	6			USA	
	3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR		13.	WAS DECI	ENDENT O	F HISPAN	IC ORIGIN? (S	Specify Yea	or No— 14		American Indian, hita, etc.
		1 Never Married 2 Married	FORCES? 1	MAR OR DATES ■ II	Ю				n, Mexicar Specify	, Puarto Rice	n, etc.)			White
	BY	3 Widowed 4 Divorced	1		- 12									
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DE	ive kind of	Work done se retired.)	CCUPATIO during mos	N at of workin	19	16b. KI	ND OF BUS	INESS/INDUS	TRY	
	۳	Elementary/Secondary (0-12)	College (1-4 or 5	+)						77.5	1	's BA	_	
G.	Š	12 17. FATHER'S NAME (First * DETERMINE)		В	arte	naer		16 MOTI	NED'S NAI	ME (First, Mide				
at o		William H. Midd	ELKAMP							Nordho		Somemey		
90	8			190	b. MAILING	ADDRES	S (Street a					n. State. Zio C	ode)	
盲	임													
2	2	20a. METHOD OF DISPOSITION	-74-110-11	20b. PLACE	OF DISPO					<u> </u>	_	CATION — CI		Stata
8		1 🔀 Burial 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗆 Other (Specify)	oval from State	Mead	owri	dge	Cem.				E1	kridge	e, Md	
ulact acts be notified at once.	1	21. SIGNATURE OF FUNERAL SERVICE LE	CENSEE /	7		22. T	NAME AN	D ADDRE	SS OF FAC	r Inc.	•		-	
8	V	Man &.	10	42		1						Md.	21206	
<u>ea</u>	-01	23. PART I. Enter the diseases or o	complications the	at caused the de	ath. Do									Approximete
THE THE			shock, or heart failure. List pnly pne cause on each line. IMMEDIATE CAUSE (Final Onset and Death								Onset and Death			
£			Arterio	osclerot	ic c	ardi	ovaso	cula	r di	sease				!
Ven		resulting in descrip		OR AS A CONSE										
or other traumatic event, the medical	Z	Sequentially list conditions, Due to (or as a consequence of):												
E S	ERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	DUENCE C	HF):								
er tr	일	CAUSE (Disease or injury	c. DUE TO	OR AS A CONSE	QUENCE C	in:								
등	Ē	that initiated events resulting in death) LAST		(0		. ,,								İ
	핑		d											
/ Injury,	Ä	PART II. Other significant condition	na contributing to	death but not i	reaulting	in the u	nderfylng	cause !	given in	Part I. 2	PERFOR		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
any	EDICAL									— l¹	YES 2	NO X		MPLETION OF CAUSE DEATH?
shows	2	irrhosis of liver								- 1			1:	YES 2 NO
2	Ä	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
Hem	SICIAN	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3		OTHE	R:							
0	H	27. MANNER OF DEATH		200000			_		esidence	6 DOther (S		NJURY OCCU	RED	
9	م ا	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?												
281. PLACE OF INJURY — At nome, term, street, factory, office 281.									and Number o	Rural Rout	e Number,			
so III 4 Homicide determined														
Hem	PLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best o	of my knowledge, de	ath occur	red at the	time, data	and place	, and due	to the cause	(a) and mai	nner an stated	l.	- 45
=	OM	one) 2 MEDICAL EXAMINE												nd manner as stated.
IMPORTANT: If	U C	290 MONATURE AND TITLE OF CERTIFIE	B Y//					29c. LIC	ENSE NUI	IBER		29d, DATE	SIGNED (M	onth, Day, Year)
MPO	m	hl/1 2x	III V	de					OCM	3			1/90	
=	임	30. NAME AND ADDRESS OF PERSON WH	13.0		M 27) (Tur	a Drintt								

Frank Peretti, MD, AssistantMedical Examiner, 111PennStreet, Balto, MS 21201

HO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

22. MASSTANTS SIGNATURE

FEB 02 1990

MARYLAND 21203-3146

							0 02805		
	1 - STATE OF MARYL REGISTRAR		RTMENT OF I		MENTAL HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE 30 DA	YY YE	3. TIME OF DEATH		
	Annabel H. Mester				1-31-90		M		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. Int. 2 15 − 05 − 5018 1 □ M 2 1		irthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF 1916 (Month, 1915		BIRTHPLACE (State or Foreign Country) Balto. City		
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE			OF DEATH		
DIRECTOR	Saint Joseph's Hospital		Towson			Ralti	more Co.		
	RESIDENCE OF DECEDENT				Dair				
	Md .	10c. Cl	Baltimore				10d. INSIDE CITY LIMITS? 13 YES 2 NO		
AL	10e. STREET AND NUMBER		10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	1304 E. Cold Spring Lane				U.S	. A .			
5	11. MARITAL STATUS 12. WAS DECEDENT EVER II				IC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.		
	1 Never Married 2 Married FORCES? 1 YES			pecify Cuben, Mexican 3 2 X NO Specify			Specify:		
В	3 🗌 Widowed 4 🔲 Divorced						White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	S USUAL OCCUPAT	ON net of working	16b. KIND OF BUS	SINESS/INDUST	TRY		
<u>=</u>	Elementary/Secondary (0-12) Coffage (1-4 or 5+)	Ille. Do NOT	use retired.)						
<u></u>	12th GRade	Cleri	.cal		Anchor	Post F	ence Co.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			
BE	William Waltrup			A1ma	a I. Hilbu	rg			
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	G ADDRESS (Street	end Number or Rural F	Noute Number, City or Tow	n, State, Zip Co	de)		
2	Edward H. Mester Jr.	130	4 E. Col	d Spring	Lane Balt	imore.	Md21239		
	20e. METHOD OF DISPOSITION 208	. PLACE OF DISPO		metery, crematory or			or Town, State		
	1 Burlel 2 Cremation 3 Removal from State Cher place) Cremation 5 Other (Specify) Holy REdeemer Cemetery Baltimore, Md.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME /	NO ADDRESS OF FA			elair Road		
	* Kathlyn h. huna	/	John	C. Miller			ore,Md21206		
	111 /1007+	Rey							
	23. PART I. inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, arrowk, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final						Approximate interval Between Onset end Death		
1	disease or condition resulting in death) a. \$\int \text{LOOd} \text{C}\$ put to (or as as a second	245 CR	SCRASIA						
	DUE TO (OR AS A	A CONSEQUENCE	OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE	New os a DISTAN						
X	cause. Enter UNDERLYING	201 N4							
F	CAUSE (Disease or Injury that initiated events								
F	resulting in death) LAST								
Ö									
AL	PART II. Other significant conditions contributing to death b	In the underlyic	the underlying cause given in Part I. 24a. WAS PER			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
음					1 YES 2	T NO	OF DEATH?		
H							1 TYES 2 1 MO		
-									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		26.1	LACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 DO HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Residence	8 Other (Specify)				
H	27. MANNER OF DEATH 28s. DATE OF INJURY		ME OF 28c. II	JURY AT	28d. DESCRIBE HOW	NJURY OCCUP	NED		
	1 Natural 5 Pending (Month, Day, Year)			YES 2 NO					
BY	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJURY	Y — At home, ferm	1erm, street, factory, office		281. LOCATION (Street end Number or Rural Route Number,				
틸	3 Suicide 6 Could not be determined building, etc. (Spe	ocity)			City or Town, State				
	29a CERTIFIER								
N N	(Check only one)								
COMPLETED	Z MEDICAL EXAMINEN: On the basis of examination	AL BROWN INVESTIGE	oun, in my opinion,			ru due to the d	ause(e) end manner as stated.		
BE	296. SIGNATURE AND TITUE OF CERTIFIER		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Yea						
TO E	11 1001 Jun W	023760 1/31/50							
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIC DAVIS 9141 BAUT WAY PILCE ECMANO 43								
	31. DATE FILED (Month, Day, Year) Suche Day doon-Rand	NATURE			1 - 10	1)			
	FFB 02 1990 Sulia Pavidson-Hand								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146.

BALTIMORE, MARYLAND 21203-3146

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STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTI	AND	MENTAL	HYGIENE
		ERTIFICATE	OF DEA	TH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) MARGARE'7		Midden	DORF	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH OF THE STREET O				
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat birthday) 7 YRS. 8. AGE (In yrs. leat birthday) 9b. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH								
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	MD. 100. STREET AND NUMBER			THERE		10g. CITIZEN C	1 YES 2 NO		
	54126/4 COUR 11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, etc.)			Yes or No— 14. RACE — American Indian, Black, White, etc.			
B	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DA	in you, apromy account manager action manager				WhITE		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) VNK NO W N	completed) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.) UHH WOW W			UNKNOWN			
BE	17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Type/Print)		19h MAILING ADDR	18. MOTHER'S NA	ME (First, Middle, Maiden Boute Number City or True				
2	- 1 1/	DORF 20b	1718 PIN	(Name of cemetery, cremetory or	AY BASTO	cation - City o	21040		
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		OAKLA	22. NAME AND ADDRESS OF F	CAY B	SONF	ORE Md.		
	23. PART I. Enter the diseases, or cahock, or heart failure. I	List only one cause on as	ach line.	ter the mode of dying, aud			Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
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PHYSICIAN: MEDIC					1 _ YES :	2 (190	OMPLETION OF CAUSE OF DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Input Input Input		26. PLACE OF DEATH (C					
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED								
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	296. CERTIFIER (Check only one) 1 CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and no cause (a) and no cause (b) DEFENSE NUMBER. 296. DATE SIGNED (Month)								
TO BE	30. NAME AND ADDRESS OF PERSON WH	D'	29d. DATE SIGNED (Month, Day, Joan)						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE Randage	BUMB	N				
	FEB 0 6 19	90 Julia Davis	Son-Market				DHMH-18 Rev 1/89		

BOX 13146,

VITAL RECORDS, P.O.

OF

DIVISION

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Pages 1, 2, 3 should

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BALTIMORE, MARYLA

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-	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medicai
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IMPORTANT:

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31. DATE FILED (MONTH DOLL)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

92. REGISTRAR'S SIGNATURE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH 40 22 8. AGE (In yrs. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Yes 5. SEX IF UNDER 1 YEAR or Foreign MONTHS DAYS HOURS MIN You 1 M 2 ano So. FACILITY NAME (If not institut 9b. CITY. TOWN OR ACCUTION OF DEATH 9c. COUNTY OF DEATH DIRECTOR STATE 10b. COUNTY 10c. CITY, TOW OR LOCATION 10d. INSIDE CITY /LIMITS? VOX 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, 21P CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Naver Married 2 Married IF YES. GIVE WAR OR DATES 1 YES 2 1 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe cify only high Elementary/Secondary (0-12) College (1-4 or 5+) 18. MOTHER'S NAME (First, Middle, Maiden 17. FATHER'S NAME (First, Middle, Last) PC BE O.T 19a INFORMANT'S NAME (Repo/Print) 105 MAII ING ADDRESS (Str. and Nu 2 20s. METHOD OF DISPOSITION
1 Duriel 2 Cremation 20b. PLACE OF 3 🗆 Re 4 Oonation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SEMPLE LICENSEE 22. NAME AND ADDRESS OF FACILITY
LYVIN CARROL arroll 712 23. PART I. Entar tha diseases, or compiles one that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Batween shock, or heart failure. List only one cause on aech lina **Onset and Death** IMMEDIATE CAUSE (Final disease or condition pneumocus resulting in deeth) ived immune (CERTIFICATION Sequentially list conditione, DUE TO OR AS A CONSEQUENCE OF): If eny, laading to immediate 20000 DH cause Enter UNDERLYING du CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL: 1 TYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 🗌 Residence 8 🗆 Other (Specify) 4 Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the byffit ation and/or investigation, in my opinion, death occured at the time, date and place, and dua to the cause(a) and menner as atated. 206. SIGNATURE AND TITLE-OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 2

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

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BALTIMORE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 million	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	emoval.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines must be
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13146,	executed within 23	and completely fill	o burial, cremation,	natic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the de	been signed by the a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	3 shows any injury
VITAL	IAN: The la	rtificate has	e State De	or item 2
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	TO THE HOSPIT	TO THE FUNER	be filed within ?	IMPORTANT:
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ODELL MCMICKENS 1515 NORTH WASHINGTON STREET (21213) Do. METHOD OF DISPOSITION N Burtle 2 Cremetion 3 Removal from State Donation 5 Other (Specify) CARTISON FOREST VETERAN CEMETERY BALTIMORE, MARYLAN 20b. PLACE OF DISPOSITION (Name of commetory or other place) GARRISON FOREST VETERAN CEMETERY BALTIMORE, MARYLAN 21. NAME AND ADDRESS OF FACILITY BROWN/THOMPSON F. H. P.O. BOX 4433 (212) BROWN/THOMPSON F. H. P.O. BOX 4433 (212) BROWN/THOMPSON F. H. P.O. BOX 4433 (212) Approximation of the dispose or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval is considered in the cause of the death. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A
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GARRISON FOREST VETERAN CEMETERY BALTIMORE, MARYLAN SIGNATURE OF FUNDAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BROWN/THOMPSON F.H. P.O. BOX 4433 (212 33. PART I. Enter the diseases, or complications that cased the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, interval is onset on each line. MMEDIATE CAUSE (Finel lisease or condition southing in death) Sequentisity list conditions, and an aconsequence of: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUE
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Approximation shock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Finel disease or condition esulting in death) Sequentially list conditions, of eny, leading to immediate lease. Enter UNDERLYING CAUSE (Disease or injury that initiated events esulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. Ca Chexia 1 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. Ca Chexia 1 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. Ca Chexia
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5. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)
EXAMINER? HOSPITAL: OTHER:
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7. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO 28d. DE\$CRIBE HDW INJURY OCCUREO
3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 26e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
9e. CERTIFIER
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as
196. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year
Thomas C. derhanan MD. Frien 2/4/90
0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Mis. of Many bunk Hospital 22 S. Greenst, B. H. MD 21201
D. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Mic HAROLD		E.	MOOTO	2					MONT	OF OEATH	MY	YEAR	1300	E OF DEATH	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER	O 1 VEAD	IF UNDER	24 MBC		2/90 OF BIRTH		e pipt	1.5	State or Forei	
517-58-80		XXM2 F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	6-193	0	Coun	(ry)	State of Pores	pre
9a. FACILITY NAME (If not institu		eet and number)			9b. CITY	r, town c	OR LOCATION	ON OF DE		0-175		NTY OF	DEATH		_
PRINCE GEOR	RGES H	HOSPITAL	CENTE	2	CH	EVER	RLY				PRIN	CE G	EOR	GES	
RESIDENCE OF DECEL					ry. TOWN 0						-				_
	Monto	omery			ver S								1,1	ISIOE CITY IMITS? FES 2 N	
10e. STREET AND NUMBER	ribitieg	Onery		1011	VCI (-	. ZIP CODI	F			10a CIT	TEN OF		OUNTRY?	_
305 Belton R	nad					1	0901					S.		JOHNAN	
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	OF HISPAN	VIC ORIGI	17 (Specify Ye		14. BAC	E — Ame	erican Indian	_
1 Never Married 2 Mail 3 Wildowed 4 Divorced		FORCES? 1		⊘ ₹•0		If yes, sp 1 TYES	ecify Cube 2-XNO	Specify	n, Puerto y:	Rican, etc.)		Spec	ck, White, cify:	one. Americ	a
15. DECEDE (Specify only his	ENT'S EDUCA		16a.	DECEDENT'S	B USUAL O	CCUPATIO	DN ast of working	na	168	. KIND OF BU	SINESS/INI				
Elementary/Secondary (0-12)		College (1-4 or 8	+)	Ille. Do NOT L	use retired.)			79		Modia	1 Do	ofoo	oio		
	5	+ years		real	cal	MCC				Medica		ores	STOI	1	
17. FATHER'S NAME (First, Middle Harold E. Mo	otoo						Ai	leen	Kin						
19a. INFORMANT'S NAME (Type) Dixie M. Moot	,									pring			001		
20a. METHOD OF DISPOSITION 1 ☐ Burlel 23 Cremation		val from Stata	20b. PLA	CE OF DISPO	SITION (N	ame of cer	metery, crer	matory or			DCATION —				
4 Donation 5 Other (Sp	ecify)	The same of the sa	Ceda	ar Hil	75.0		9							. Co.,	
21. SIGNATUME OF JUNERAL S	ERVICE UICE	INSEE	/		22.	NAME A	ND ADDRE	SS OF FA	CILITY 7	16 Km	medy	Ctr	teer	, NW.2	
IMMEDIATE CAUSE (Final disease or condition	t fellure. L	let only one cer	use on each	line.	not sate	ohns	on &	Jen	kins	Inc.	, Was	hing	ston /	D. (Approximate nterval Bet Onset and I	Y01
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$2 mours after death. Page 6 may a returned by the strending physician and completely filled in by the funeral director, page 18 mounts are seen signed by the attending physician and completely filled in by the funeral director, page 18 mounts are seen signed by the attending physician and completely filled in by the funeral director, page 18 mounts are been signed by the attending physician and completely filled in by the funeral director, page 18 mounts are the burner of the physician and physician and physician and completely physicia	6 may in rethroot in the rospital or attending phy	tor, page a should be desiched for use as the bur)	lust be notified at once.
¥ 2 ₹ €	SSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	INT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner me

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPART					MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)			<i>j</i> 1					2. DATE OF DEAT	TH		3. TIME OF DEATH
	Larry	В.		Or	ndor	ff			MONTH 2	2	90	8:40 A M
	4. SOCIAL SECURITY NUMBER	10000	L AGE (In yrs. lust		IF UNDER 1		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTI	H ar).	8. BIRT	HPLACE (State or Foreign
	216-36-2856	XX № 2 🗆 F	58	YRS.	UNTINE	DAYS	HOURS	MITTEL.	3-30-3	31	Per	nnsylvania
	9a. FACILITY NAME (If not institution, give str	•			9b. CITY,				ATH	9c. CO	UNTY OF	DEATH
힏	Carroll County (eneral H	ospital		We	stmi	inst	er		C	arro	11
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OF	LOCATIO	ON					10d. INSIDE CITY
뚭	Pennsylvania	Adams		Mck	nigh	ntst	own					LIMITS?
4	10e. STREET AND NUMBER					1971	ZIP CODE			10g. C	TIZEN OF	WHAT COUNTRY?
FUNERAL	Box 68 Pine Valley	Rd.					L734:	3			U.S.A	Α.
[5	11 WARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARA	MED	13. W	AS DECE	NDENT O	F HISPAN	IIC ORIGIN? (Speci n, Puerto Rican, at	y Yea or No—	14. RAC Bla	CE — American Indian, ck, White, etc.
BY	1 ver Married XX Married 3 Widowed 4 Divorced	IF YES, GIVE WA						Specify		,	Spe	www. White
	15, DECEDENT'S EDUC	ATION	16a, DEC	EDENT'S U	SUAL OC	CUPATION	4		16b, KIND O	F BUSINESS/II	NDUSTRY	
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(GA	e kind of wo Do NOT use	ork done de			g				
립	12yrs.			Farme	er				Agri	cultu	re	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, M	siden Surname,		
BE	Hiley Orndorff							Bro	wnie Hir	nes		
2	19a. INFORMANT'S NAME (Type/Print)	**	100						Route Number, City of			
-	Monahan Funeral								tsburg,			
	294-METHOD OF DISPOSITION 143-Burial 2 Cremation 3 Remo	val from State	20b. PLACE C		hb C			atory or		Knight		
	4 Donation 5 Other (Specify)	ENSEE Dohom	t M. Kr					S OF FA				VII, 2 d •
	· Bolest m	- Kober	L M. KI	atz					edefeld d. Balt:		Md '	21 21 2
	23. PART I. Enter the diseases, or co				ot enter t							Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cash	e on each line.						,			Interval Between Onset and Death
	disease or condition resulting in death)	Cardi	ac Tampo	onade	.							
	resulting in death)	DUE TO (OR AS A CONSEC	UENCE OF)):							
Z	Sequentially list conditions,		red Aor		_							
\	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	UENCE OF)):							
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF)):							
CERTIFICATION	resulting in death) LAST											
	PART ii. Other significant conditions		lasth hut sat s		***	4 4 - 4		-b t-	Post I as w	AS AN AUTOPS	w T.	I.b. WERE AUTOPSY FINDINGS
CAL	Dilated Cardion		read but not re	sauting it	i ure unc	ueriyirig	cause (Jiven in	Part I. 244. W	RFORMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Difaced Caldion	lyopautry							1X Y	ES 2 NO		OF DEATH?
									-			1 X YES 2 □ NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH /Ch	eck only one)			
Sici	EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER	1:			6 Other (Specifi	d		
PHYSICIAN	27. MANNER OF DEATH	28e. DATE OF I	NJURY	28b. TIME		28c. INJL WOI			28d. DESCRIBE		CCURED	
	XXX Natural 5 Pending Investigation	(Month, Da	(, 16er)	INJU	M		ES 2	NO				
D BY	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE OF	INJURY — At her	me, farm, at	treet, facto	ory, office			28f. LOCATION (S City or Town,	Street and Numi	ber or Rura	I Route Number,
l III	4 Homicide determined											
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC	ZAN: To the best of a	ny knowledge, de	eth occurre	d at the ti	me, date	and place	, and due	to the cause(s) ar	d manner as s	dated.	
S S	2 X MEDICAL EXAMINES	Con the besis of ex	upitimion and/or i	mestigation	t, in my of	plinion, di	with occur	red at the	time, date and pla	ce, and due to	the cause	s(s) and manner as stated.
w	296. SUPRATURE AND TITLE OF CERTIFIER	X 1/1	h	0 A			29c. LIC	ENSE NU	MBER	29d. 0	ATE SIGNE	ED (Month, Dey, Mer)
D B	Juano 1.	JAW-	AL	4		\perp	(CME			2-3	3-90
	Mario E Collo		1/			11 -)~=	Ct-	00± D=1	<u> </u>		21201
	Mario F. Golle, J. DATE FILED (Month, Day, Year)				1	TT F	enn	otre	eet, Bal	cimore	e, ML	21201 Vl
	FEB U6 1990	Stake De	idson-Ada	delle								
	July July	a Davidson	Randon				_					DHMH-16 Rev 1/89
	TT		1 march									

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DHMH-18 Rev 1/89

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BACTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours aftire the Organization of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by *** *** *** *** *** *** *** *** ***	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
.91	d with	mpletely filled	, cremation, c	event, the r
X 1314	be executed	ician and co	rior to burial	traumatic (
o.o. BC	ith certificate	tending phys	al Hygiene p	or other
IVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that the dea	an signed by the at	of Health and Ment	hows any injury,
TAL B	IN: The law re	ficate has bee	State Dept. o	Item 23 sl
VOF	IG PHYSICIA	er this certi	ath with the	narked, or
IVISIO	IR ATTENDIN	IRECTOR: Aft	urs after de	em 28 ls n
٥	THE HOSPITAL 0	THE FUNERAL DI	be filed within 72 hours after death with	PORTANT: If the
	2	2	2	Ξ

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) CONWa	y Per	ry			2. DATE OF E	3- 199	VEAD	3. TIME OF DEATH
		5. SEX 8. AGE (III	n yrs. last birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Der)			PLACE (State or Foreign N. C.
OR	98. FACILITY NAME (If not institution, give stre 4140 Reisterstow			Baltimo	R LOCATION OF DE	ATH	9c. COL	UNTY OF DE	ATH
5	RESIDENCE OF DECEDENT								
DIRE	Md 10b. COUNTY			imore	ON				10d. INSIDE CITY LIMITS? 1XX YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 4140 Reistersto	wn Road		101.	21215		10g. CIT	TIZEN OF WI	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe	ENDENT OF HISPAN celfy Cuban, Maxican 2 NO Specify	n, Puarto Rican		14. RACE Black, Specify	- American Indian, White, etc. Black
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DECEDENT'S US	UAL OCCUPATIO	N et of working	16b. KIN	D OF BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n Mechan		a or working				
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle	s, Maiden Surname)		
BE C	Henry Conway				Hattie	Smith			
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F	_	ito, Md		5
	Lena S. Perry	l an			stown Ro	ad ba			
	1 N Buriel 2 Cremation 3 Remov	rel from State	gher place) Garrison	Forest	Vet		Owings		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		March 4300	ADDRESS OF FAI	000			
	23. PART I/ Enter the diseases, or co	. Gronge	the death Person			n Aveni			1.4
	atock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	ist only one cause on ac	och lina. DV195CU						Approximats interval Between Onset and Death
NOIL	Sequentially list conditions, if any, leading to immediate	HYPET	CONSEQUENCE OF):	ion					XZOYRS
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
S	0.								
MEDICAL	PART II. Other significant conditions PANCREATIC LYMPHOLO HY	TUMDE = 2	IPOGRAM.			4	PERFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
-	PERTIC 1	11050	DISET	158		_			
A	25. WAS CASE REFERRED TO MEDICAL		2100.	28. PL	ACE OF DEATH (Ch	eck only one)			
Sic		HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 DOA 4	THER:	Residence	6 Other (Sc	necthy)		
BY PHYSICIAN:	27. MANNER OF DEATH Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Oay, Year)	40 286. TIME O	OF 28c. INJ	URY AT RK?	28d. DESCRI	BE HOW INJURY O	COURED WHILE	ASLEEP
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	-At home, ferm, stre	et, factory, office		City or To	N (Street and Numb wn, State) A-5 M30		oute Number,
COMPLETED	(Orlock Orly	IAN: To the best of my knowl							and manner as stated,
TO BE C	206. SIGNATURE AND TITLE OF CENTIFIER	14 Segi	il m	0	29c. LICENSE NUI	205		OZ/	Month, Day, (Ser) 06/90
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P.	rint)					
	FEB 06 1990	32. REGISTRAR'S SIGN.							

Pages 1, 2, 3 should

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MEDICAL CERTIFICATION

PHYSICIAN:

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PAUL RHODES M.D.

31, DATE FILED (Month, Day, Year) 061000

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

1667 CROFTON CENTER

Item certificate In the State

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90 02812 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH EULA 02 90 9:05 B. MCNAIR-POTTER 04 a M 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 03 HOURS 226-07-6351 83 MONTHS DAYS MIN. 1 M 2 X F YRS 06 N. CAROLINA 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH KNOLLWOOD MANOR NURSING CENTER MILLERSVILLE ANNE ARUNDEL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE MARYLAND ANNE ARUNDEL GLEN BURNIE 1 YES 2 XND 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 407 IRENE DRIVE 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Ri 1 TES 2 TND Specify: 1 Never Married 2 Married 3X Widowed 4 Divorced WHITE 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only higher 12 ndary (0-12) College (1-4 or 5+) SHOE STORE MANAGER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) WILLIAM E. GODWIN DORA L. JERNIGAN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) MILDRED J. BROWN 407 IRENE DR. GLEN BURNIE, MARYLAND 21061 20a METHOD OF DISPOSITION
1 A Burial 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State BLANDFORD CEMETERY 4 Donetion 8 D Other (Specify) PETERSBURG, VA. 21, SIGNATURE OF PUMBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. men a 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** atelectusi disease or condition resulting in death) mil Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE DE): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO N/A 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 XNO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 8 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1-X Netural 8 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examin ation and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 02/05/90.

CROFTON, MARYLAND

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the hospital or attending physician.

edetached for use as the burial-transit permit. Pages 1, 2, 3 should

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RYLAND 21203-3146

	1 - FOR STATE OF MARYLAN REGISTRAR	D / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) HARRY FRANCIS PAGE, JR.				2. DATE OF DEATH FEBRUARY	"5, 19'9'(3. TIME OF DEATH
	089-07-7890 110 № 2 🗆 ៛ 75	YRS.	UNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yegr) UCT. 23,	1914 %	ATHPLACE (State or Foreign Intry) laryland
LOR	9a. FACILITY NAME (If not institution, give street and number) 12100 Hoopers Lane	91		Arm Arm	АТН	9c. COUNTY OF Balti	
DIRECTOR	Maryland Baltimore		own on Locat				10d. INSIDE CITY LIMITS? 1 Yes 2 No
	10. STREET AND NUMBER 12100 Hoopers Lane		10f	ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 XX YES 2 IF YES, GIVE WAR OR DATES	□NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No— 14. R	ACE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Flementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S US (Give kind of work life. Do NOT use no Contrcto	k done during mo etired.)	at of working	166. KIND OF BUS	Building	
BE COM	17. FATHER'S NAME (First, Middle, Last) Harry Francis Page, Sr.			Mary C	ME (First, Middle, Malden C, Harvey	Sumame)	
LO	19a. INFORMANT'S NAME (Type/Print) Franc∉s C. Paye	12100	Hoopers	Lane Gl	en Arm, Mo	1. 2105	57
	1 X Burial 2 Cremation 3 Removal from State	ace of disposition place) aney Val	ley Mer	norial Ga	ardens Timo	cation — chy or onium, N	
	James F. Burnside, Jr.		Mitch		lefeld Home Baltimon		21212
RTIFICATION	Sequentially list conditions, Many leading to immediate	INA. POPULATE OF: NEOUENCE OF: V D	lmr		as cardiac or respi		Approximata Interval Batween Onset and Death Cente 54
AL CE	PART II. Other algnificant conditions contributing to deeth but it				PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
I: MEDIC		w	1100		1 _ YES 2	NO	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		THER:	ACE OF DEATH (Che	6 Cher (Specify)		
B	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME (INJUR	M 1 🗆	RK? 'ES 2 NO	28d. DEŞCRIBE HOW I		
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O BE	296. SIGNATURE AND TITLE OF CERTIFIED WITH MAN AND AND AND AND AND AND AND AND AND A	WYEN OR CO.		29c. LICENSE NUM	DER 29	≥ 2 /	S/90
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH David A. Oursler, M.D. 7401 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	Osler		wson, Md	. 21204		
	FFB U \$ 1990 Salia Navidson Fran						DHMH-16 Rev 1/89

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FOR STATE REGISTRAR

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	4. SOCIAL SECURITY NUMBER 136-18-4038	5. SEX 1 1 M 2 F	8. AGE (In yrs. 73	last birthday) YRS.	IF UNDER	DAYS	HOURS	R 24 HRS. MIN.	7. DATE OF (Month, D) July	my Your)	1916	Count	HPLACE (State or Foreign) Port, NJ	
-	9a, FACILITY NAME (If not institution, give a	21	13		01 010					479				
	9a. FACILITY NAME (If not institution, give a	treet and number)	1 - 0		96. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH MON HOTHEN			
DIRECTOR	RESIDENCE OF DECEDENT	00 61	CAN	2	VIII Upgi						m	on	Agine,	
	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION	-					100. INSIDE CITY	
5 1	Maryland Montge	omery		Sil	ver S	Spri	ng						1 X YES 2 NO	
. 10-	10e. STREET AND NUMBER				f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?			
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COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)						_					
	0-12	•		Pharm	acist	<u> </u>					Drug	Sto	re	
3 1	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mid		Sumame)			
	Samuel Podelefsk	У							ritzeı					
	19a. INFORMANT'S NAME (Type/Print)								Route Number,					
	Fannie Podell			1131	Univ	ersi	ty B	1vd	#218				g, MD 209	
	20a. METHOD OF DISPOSITION 1	novel from State		CE OF DISPO	SITION (N	ame of cer	metery, cres	metory or		20c. LO	CATION -	City or T	fown, State	
	4 X Donation 5 - Other (Specify)			getow						Was	hing	ton,	D.C.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	1				ND ADDRE		cuty son Fu		1 110		Tno	
1	1/	///				MODE	IL G	. 1116				IIIC ,	THE.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any one after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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O THE	THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPOR
-	-	-ED	-

	1 - FOR STATE OF MARY		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Aniddle, Last) Dorothy Mae Phipp	s_		2. DATE OF DEATH DAY	90 3. TIME OF DEATH						
	214-14-8513 1□M22(F	75 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 6/17/14	s. BIRTHPLACE (State or Foreign Country) Virginia						
TOR	9a. FACILITY NAME (If not institution, give street and number) Carroll County General Hos		TY, TOWN OR LOCATION OF DI Westminster		Carroll .						
DIRECTOR	100. STATE 100. COUNTY Maryland Carroll	10c. CITY, TOWN	mpstead		10d. INSIDE CITY LIMITS? 1 □ YES 2 ☒ NO						
FUNERAL	10e. STREET AND NUMBER 4426 Black Rock Road #5		10f. ZIP CODE 21074		U.S.A.						
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	3. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 X NO Specif	in, Puarto Rican, etc.)	o— 14. RACE — American Indien, Black, Whita, atc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Years	OCCUPATION se during most of working (i.)	16b. KIND OF BUSINES:	72							
OM	17. FATHER'S NAME (First, Middle, Last)	Secretary		ME (First, Middle, Maiden Surna	me)						
BE C	Harry Lee	Shelton	Re	ebecca Madeli	ne Clingempeel						
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13324 Huntridge Ellicott City, MD 21043										
	1 XBurial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Name of cometery, cromatory or metery	Wood1	awn, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	mber 8	728 Liberty H	s Funeral Dir Road Randall	stown, MD 21133						
CERTIFICATION	23. PART I. Enter the diseases, or complications that beused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other algorificent conditions contributing to death PNSUMONIA	n but not reculting in the	underlying cause given in	Part I. 24s. WAS AN AUTO PERFORMED 1 YES 2 N	AWAILABLE PRIOR TO						
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)	neck only one)							
	1 VES 2 NO 1 Inpatient 2 ER/O 27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME OF	26c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJUR	N OCCURED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJI building, stc. (S	JRY At home, farm, atreet, (pecify)	lactory, offica	281. LOCATION (Street and N. City or Town, State)	Street and Number or Rural Route Number, State)						
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kr one) 2 MEDICAL EXAMINER: On the basis of examina										
TO BE	291. SIGNATURE AND TITLE OF CENTIFIED MD		29c, LICENSE NU	186 29d	S. DATE SIGNED (Morth, Day, Year)						
	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	1702 486RT	YRD. EU	605BUR6, 1	mo. 21184						
	FEB 06 1990 Siche Deutschen A	andell									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within services TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or iMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medium programment of the programment of the medium programment of the DIVISION OF VITAL RECORDS, P.O. BOX 13146,

•	1 - STATE OF MARYL REGISTRAR	STATE STATE OF MAINTEAND / DEFAUTIMENT OF HEALTH AND MENTAL HIGHENE										
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH		3. TIME OF DEATH					
	Palmer Lloyd Pizer				Jan. 28		16:20 PM					
	Palmer Lloyd Rizer a. Social Security Number 5. Sex 8. Age	(In yrs. lest birthday)		UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign					
	236033922 ¹\(\text{\tint}\text{\tint{\text{\tin}\text{\tex{\tex	YRS.	MONTHS DAYS HOL	URB MIN.	2/14/904	A	n Negany					
_	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN OR LO		1	9c. COUNTY OF Allega						
DIRECTOR	Sacred Heart Hospital		Cumberla	nu, nu		Arrego	any					
l õi	10a. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?					
븁	Maryland Allegany	Cu	mberland				1 YES 2 NO					
AL.	10e. STREET AND NUMBER		101. ZIP	CODE		10g. CITIZEN OF	WHAT COUNTRY?					
FUNERAL	RT. 6 Box 163		21	502		USA						
	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED		ENT OF HISPANIC (Cuben, Mexicen, P	ORIGIN? (Specify Year werte Ricen, etc.)	or No — 14. RA	CE — American Indian, ck, White, etc.					
BY	F YES, GIVE WAR OR DATES ↑ 1 U YES 2 UNO Specify: Specify:											
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION		16b. KIND OF BUSI	INESS/INDUSTRY	White					
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done during most of a se retired.)	working								
F	n/a	J&L Ste	el		Steel	Mill						
ŏ	17. FATHER'S NAME (First, Middle, Last)		18.	MOTHER'S NAME	(First, Middle, Maiden S	Sumame)						
BE (Charles Rizer			Ida	Davis							
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and No	umber or Rurel Rout	e Number, City or Town	, State, Zip Code)						
-	Opal Rizer		Box 163									
	Name	other place)	SITION (Name of cemetery			CATION — City or						
	4 Donetion 5 Other (Specify)	Kest	Lawn Mem.	Gardens DDRESS OF FACILI		berland	Md.					
1	· 11 huge Book				rnick F.	Home						
1	angue Doac K	10-1-0			nport, Md							
1	23. PART I. Enter the diseasea, or complications that cause abock, or heart fellure. List only one cause on	each line.	not enter the mode o	of dying, such s	a cardiac or reapir	ratory srreat,	Approximata interval Between					
	IMMEDIATE CAUSE (Final disease or condition	0	0	-	A		Onset and Death					
	reaulting in death)	A CONSEQUENCE O	onar C	rrus	t Disea							
7	and and	0000	ratio	Heart	+ Disea	2						
⊵	Sequentially list conditions, if any, leading to immediate	A CONSEQUENCE O	F):									
S	cause. Entar UNDERLYING CAUSE (Disease or Injury											
E	that initiated events resulting in death) LAST	A CONSEQUENCE O	F):									
CERTIFICATION	d											
CAL	PART II. Other significant conditions contributing to death		in the underlying ca	use given in Pa	rt I. 24a. WAS AN A		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
	Dialeter Me		^/	Α.	1 🗆 YES 2	₹ NO	COMPLETION OF CAUSE OF DEATH?					
MEDI	Charie Obstra	edie	Delluca	and isla	ral		1 TES 2 NO					
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	OF DEATH (Check								
TYS	1 YES 2 NO 1 Inpetient 2 ER/Ou 27. MANNER OF DEATH 28e. DATE OF INJURY		4 Nursing Home 5 AE OF 28c, INJURY		Other (Specify) Bd. DESCRIBE HOW IN	LIURY OCCURED						
	1 Natural 5 Pending (Month, Day, Year)		JURY WORK?	2 NO								
В	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJUR	Y — At home, ferm,			Bf. LOCATION (Street a	nd Number or Run	f Route Number,					
COMPLETED	3 Suicide 8 Could not be building, etc. (Sp. 4 Homicide determined	ecify)			City or Town, State)							
J.E	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wledga, death occur	red at the time, dete end	place, and due to	the cause(e) end men	ner as stated.						
O.W	one) 2 MEDICAL EXAMINER: On the basis of examinati						e(e) end manner as stated.					
l w	29b. SIGNATURE AND TITLE OF CERTIFIER		290	c. LICENSE NUMBE	in .		ED (Month, Day, Year)					
TO B	WS payo h	2				▶ /-2	18-90					
-	Dr. Wayne Spiggle 912 Seto		mberland,	MD 21502	2							
	31. DATE FED Month, Day, Year) 32. REGISTRAR'S SIG											
	LB 06 1990 La Savidson	Rent 60										

E. MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after this certificate has been signed by the attending physician and completaly filled in by the unit of frequency of the detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the signed and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the most be notified at once. IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	•	STATE REGISTR	AR
Г	1. D	ECEDENT'S	NAR

1. DECEDENT'S NAME (First, Middle, Las RRAN	DON ARTHE	חדחוופ שני	155				2. DATE MONTE	OF GEATH	^M 1990	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER	24 MDR		OF BIRTH	1990		7:20 "	
212-72-4389	1 🔀 M 2 🗆 F	33	YAS.	MONTHS DAYS	HOURS	MIN.	(Month SE	n, Day, Year)	1956	L CC	HPLACE (State or Foreign Try) DISTRICT DLUMBIA	
90. FACILITY NAME (If not institution, give NATIONAL NAVA		CENTER		9b. CITY, TOW	BETHE:		ATH			ONTO	GOMERY	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUR	ITY		10c. CIT	TY, TOWN OR LOC	ATION						10d. INSIDE CITY	
MARYLAND P	RINCE GEO	¹ S		SEAT	PLEAS	SANT					LIMITS?	
10e. STREET AND NUMBER			101. ZIP CODE						10g. Cf1	IZEN OF	WHAT COUNTRY?	
907 GLEN WILLO				20	743			UNI	TED	STATES		
11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AT 1 VES 2 WAR OR DATES 979-1987	NO	If yes,	specify Cuber	ENDENT OF HISPANIC ORIGIN? (Specify Yes or No—city Cuben, Maxican, Puerto Rican, etc.) 14. RACE Black, Specify: Specify:					E — American Indian, ik, White, stc.	
15, DECEDENT'S E	DUCATION	16e. O	ECEDENT'S	USUAL OCCUPA			16b	KINO OF BL	JSINESS/IN	DUSTRY	DENOR	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	- 10	Sive kind of a. Do NOT u	work done during ree retired.)	most of working	g						
0-12	2	Ţ	J. S.	NAVY				DEFE	NSE			
17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NA	ME (First, I	Middle, Meider	n Sumame)			
CHESTER ARTHEDI		MARLENE					DIETR	ICH N	IXON	1		
190. INFORMANT'S NAME (Type/Print)	14			O ADDRESS (Street								
MARLENE D. ROSS							, SE				D 20743	
208, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	moval from State	other p	olace)	SITION (Name of					OCATION -			
4 Donation 5 Other (Specify)	- A	Zion	Bapt	ist Chu								
21. SIGNATURE OF FUNDMAL SERVICE	LICENSARY /			23. NAME	AND ADDRES	Mass	on F	unera.	neral Home, Inc. ad, SE, Wash. DC 2002			
	11 10			Kone	IL G.	1140						
23. PART I. Enter the diseases, of shock, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ca		ю.	1661	Good node of dyl	Hop	e Ro	ad, Si	E, Wa	sh.	Approximata Interval Batwe	
shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. ACQ DUE TO	use on each lin	MMUNE	not enter than DEFICI	Good node of dyl	Hop	e Ro	ad, Si	E, Wa	sh.	Approximata Interval Batwe	
shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. ACQ DUE TO DUE TO C.	UIRED IN	MMUNE EOUENCE (1661 TO DEFICE OFF:	Good node of dyl	Hop	e Ro	ad, Si	E, Wa	sh.	Approximata Interval Batwe	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 90 12:20 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 212-38-0254 84 07/20/05 Baltimore Co.Md ermit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pikesville Nursing Home Baltimore, Md. 21208 Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 TES 2 NO Rockdale 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3226 N. Rolling Road 21207 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 X Widowed 4 Divorced Caucasian 12 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe 950 Elementary/Secondary (0-12) ä Ninth Grade Stewarts Department Store Salesperson 17. FATHER'S NAME (First, Middle, Last) retained by the h 5 should be detail 18. MOTHER'S NAME (First, Middle, Meiden Surname) Alva Triplett Ħ Minnie W.C. Kaufuss BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code, 2 Thomas H. Ritter III 713 Leafydale Terrace, Pikesville, Md. 21208 pe e 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State
4 Donetion 5 Dithes (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) after death. Page 6 may 20c. LOCATION — City or Town, State must 1 director, Lorraine Park Cemetery Woodlawn Cemetery 21. SIGNATURE OF FINERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. funeral 8728 Liberty Road Randallstown, MD 21133 in by the or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between n and completely filled i IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition resulting in death) event. executed with o cula æ traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING physician requires that the death certificate be prior CAUSE (Diseese or injury other Hygiene OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST attending 10 the atten injury. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL by PERFORMED WAILABLE PRIOR TO Stroly any COMPLETION OF CAUSE OF DEATH? signed b 1 TYES 2 NO shows a 1 | YES 2 | NO been it. of h certificate has been the State Dept. c PHYSICIAN: MP 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The **EXAMINER?** OTHER HOSPITAL OR ATTENDING PHYSICIAN: FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta 1 YES 2 PNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 4 Ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 6/3 COMPLETED 4 🗌 Homicide 28 tem 29e. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) and menner ee stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner so stated 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month Day Year) 2 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BUB 32 BEGISTRAR'S SIGNATURE 2 Day door - Randall

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-314

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 is TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Lost) DON'S U. SULLAYAN										2. DATE OF	DEATH	°-90) YEAR	3. TIME OF DEATH 9:32 PM	
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (//	_		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF	me Manual	21	6. BIRTI	IPLACE (State or Foreign	
215-28-5	_	1 🗆 M 2 💢 F	5	8	YRS.					11-	10-			Virginia	
90. FACILITY NAME (If not ins								OR LOCATIO	ON OF DI	EATH			NTY OF E		
Stella Mari		brce				.10)WS	on				Ball	TIMOI	re County	
10a. STATE	10b. COUNTY	r			10c. CITY	, TOWN OF	LOCA	TION				10d. INSIDE CITY			
Maryland	_				Balt	imor	e C	ity				1 X YES 2 NO			
10e. STREET AND NUMBER							10	f. ZIP COO	E			10g. CIT	WHAT COUNTRY?		
2014 Portugal Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEN									231				J.S.	Α.	
11. MARITAL STATUS 1 Never Married 2 1 3 XWIdowed 4 Divor	MED O	- 11	yes, sp		n, Mexica	NIC ORIGIN? (5 in, Puerto Rica y:		or No	14, RACI Blac Spec	E — American Indian, k, White, etc. #y: White					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17b. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.)															
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)								OSL OF WORKE	rg	1					
8th					Jan	itre	SS				Clea	ning			
17. FATHER'S NAME (First, Mic								18. MOT	HER'S NA	ME (First, Midd	lle, Meiden	Surname)			
Ottie Jose		Lters							_	ssie H					
19e. INFORMANT'S NAME (Ty										Route Number,					
Virginia Le		Lavan				The state of the s				timore	, Md	. 21	214		
20e. METHOD OF DISPOSITION 1 D		oval from State	20b.	other pla		FTION (Nan	ne of ce	imetery, cren	natory or			CATION -			
4 Donetion 5 Other (-		- 10	ak I	awn						Ba	ltim	ore,	Md.	
In n	SERVICE LI	natti	Van	2		Ma	tth		une	ral Ho		imor	e. Mo	1. 21224	
Sequentially list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injuit that initiated eventa resulting in death) LAST	ona, liate NG	b DUE TO	OR AS A	CONSEC	DUENCE OF):):				d lu					
PART II. Other algorifican	nt condition	d	death be	ut not r	esulting is	n the un	dariyir	ng cause	given in	Part I. 24	a. WAS AN	I AUTOPSY	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
										_ 1	YES :	×40		OF DEATH?	
25. WAS CASE REFERRED TO	MEOICAL							PLACE OF D	EATH (C	eck only one)					
1 VES 2 NO		HOSPITAL:	☐ ER/Outp	atlent 3	□ DOA	OTHER		me 5 🗆 Re	esidence	65 Other (S	(pecify)	Hos	oice		
	Pending nvestigation	28e. DATE Of (Month,	F INJURY Day, Year)		28b. TIME INJI		W	JURY AT ORK? YES 2	NO	28d. OESCR	IBE HOW				
3 Suicide 6 G	Could not be latermined	26a. PLACE (building	OF INJURY , etc. (Spec	— At ho	me, farm, s	treet, facto	ery, offi	ce		26f. LOCATI City or 1	ON (Street fown, State	and Numb	or Rural	Route Number,	
CONTROL ONLY		ICIAN: To the best of												e) and menner ea stated.	
296. SIGNATURE AND TITLE	OF CERTIFIE	R _O						29c. LIC	ENSE NU	MBER		29d. DA	TE SIONE	D (Month, Day, Year)	
Carla	- An	alexa	nd	ler	10			D	270	87)2-		
30. NAME AND ADDRESS OF Carla S. A						,	spi	ce-Du	ılan	ey Val	ley	Rd	Iows	on 21204	
FEB 06		32. REGISTR								-					

and attack to their

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9	4	-
and on the same of	3	More.
lunerd unector, page a son	al, cremation, or removal,	NNT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nutified a
JNEHAL DIRECTOR: After this certificate has been signed by the attending physician and compressly in	ithin 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal	ilury, or other traumatic
nas been signed by	Dept. of Health and	23 shows any in
THIS CELTINCARE	h with the State	arked, or item
UINECTON: ATTE	hours after death	Item 28 is mi
JNE KA	ithin 72	INT: IF

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Curtis R.	Savage.				MONTH 3	90 YE	5145 A H		
	4. SOCIAL SECURITY NUMBER 2/3-52-9645	5. SEX		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	-49 9	SIRTHPLACE (State or Foreign coughty)		
E C	98. FACILITY NAME (If not inetitution, give str FRANCIS SCOTT RESIDENCE OF DECEDENT	KEY Has	P	BAL?	R LOCATION OF DE	ATH 2	9c. COUNTY	OF DEATH		
MECTOR	10e. STATE 10b. COUNTY		10	OWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		10A	271 N	ZIP CODE		40- CITITEN	of WHAT COUNTRY?		
NEMA	6006 MORA	UIA PARI 12. WAS DECEDENT EVER I	1 11	ril	2120	6 IIC ORIGIN? (Specify	W	1.5. A.		
BY PU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Yes or No 14.	RACE American Indian, Black, White, etc. Sepcify: JLACK							
2	15. DECEDENT'S EDUC		16a. DECEDENT'S US	UAL OCCUPATIO	IN .	16b. KIND OF	BUSINESS/INDUST			
9	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	of working	Pa	22111			
1	17. FATHER'S NAME (First, Middle, Lest)		I WININ	FANC	16 MOTHED'S NA	ME (First, Middle, Maid	PP/AC	ME /		
3	HAMPTON	SAVAG	25		SLA	1	ELIVE			
n	19a. INFORMANT'S NAME (Type/Print)	-,, 4,,		DRESS (Street a		Route Number, City or	lown, State, Zip Coo	de)		
K	MIRS HOSE COT	TMAN	6006	5 Mor	AVIA	K.DR 1:	JALTO.	Mn 21206		
	20a. METHOD OF DISPOSITION 1 B Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		b. PLACE OF DISPOSITI	ON (Name of cen	netery, cremetory or	20c. Z-	ALTO	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AN	D ADDRESS OF FA	CILITY				
	Joseph	Russ		222		NORT H		21216		
	23. PART i. Entar the diseases, or cashock, or heert failure. L	omplications that cause ist only one cause on a	ed the death. Do not sech line.	anter tha mo	de of dying, suc	h aa cardiac or re	spiretory srreat,	interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Mermocys		EUMO	ira			Onset and Death Zweeks		
z		AIDS	A CONSEQUENCE OF):					20 years		
HILLGALION	Sequentially list conditions, If eny, leading to immediate Cause, Enter UNDERLYING									
=	CAUSE (Discess or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):		1:00			1		
CER	resulting in death) LAST	Bacteri	al Eno	locaro	litrs	<u>. </u>		UNFADWA		
AL	PART II. Other significent conditions	contributing to death	but not reaulting in	the underlying	cauae given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	Non-complian	ce wit	y oxy	gen		1 YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?		
	Hypoxia					_		1 - YES 2 1 MO		
N.	Premotherax									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:		THER:	ACE OF DEATH (Ch					
2	27. MANNER OF DEATH	28s. DATE OF INJURY	A A 200. TIME C	28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUR	ED		
BYP	1 Netural 5 Pending 2 Accident Investigation	1/3//9	d' moun		RK? YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp.	IV — All home, farm, stre	et, factory, offic	•	261. LOCATION (Str. City or Town, St	net and Number or I ste)	Sural Route Number,		
COMPLETED	(Check only	CIAN: To the best of makeno	1 / /	1		to the cause(a) and		ause(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CENTIFIER	~ \	10 10	200	29c. LICENSE NUI			GNED (Month, Day, Year)		
0 BE	Morx S.	Deen	MAD		D370	Adm. contail		Jan 90		
	Jeffrey 5, 6	COMPLETED CAUSE OF O	EATH (ITEM 27) (Typo, Pi	rint)						
	FEB 06 1990	DWISON-A	nature and the							

21239

gears

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

5

NORTH AVE. Approximate Interval Between Onset and Death hours

90

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OBATH (ITEM 27) (Type, Print)

KARACUSCHANSKY M.D.

Davidson

296. SIGNATURE AND TITLE OF CENTIFIER

MIGUEL

TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 hd IMPORTANT: It in

BE

2

1 8	4. SOCIAL SECURITY NUMBER				HS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH	OF BIRTH h, Day, Year) 8. BIRTHPLACE (State or Foreign Country)				
	237-54 6905	1 🗆 M 2 🗀 F	1 □ M 2 □ F 5 2 YRS. M			HOURS MIN.	7 26 37		N.C.			
	9a. FACILITY NAME (If not institution, gi	e street and number)				R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
8	1337 WINSTON	AVENUE		BA	ALTIM	ORE CII	'Υ					
Ş	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	NTY	10c. CITY, TOWN OR LOCATION									
DIRECTO	MD ISLE					E CITY		10d. INSIDE CITY LIMITS? 1 1 77 YES 2 1 NO				
	10e, STREET AND NUMBER				101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
ERAL	1337 WINSTON	AVENUE				21239		USA				
FUNE	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR	MEO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	r Yee or No. 14. RACE — American Indian.				
	1 Never Married 2 T Starried	FORCES? 1	FORCES? 1 TYES 2 TO NO			ecify Cuben, Mexica 2/2/NO Specify	n, Puerto Rican, atc.)					
B	3 Widowed 4 Divorced			1		-0-00		BLACE				
	15. DECEDENT'S E (Specify only highest gi		16a. DE	CEDENT'S USUA	L OCCUPATIO	ON ast of working	16b. KIND OF BU	SINESS/INDUST	TRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	life. Do NOT use retired)									
COMPL	NA		A	NESTHE	SIOL	OGY ASS	T. G.B.	M.C.				
3	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
		ILLIAMS				MAMIE		STON				
ဥ	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow					
-	JAMES SHEAR	IN JR.							. MD. 2123			
	20e. METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 F	emoval from State	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town other place)									
	4 Donation 5 Other (Specify) GARRISON FOREST VA. CEM. OWINGS MILLS 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
١.	A Company of the Comp											
	Dladus	Worner	7		WM.C.	MARCH	F.H. 110	OIE.	NORTH AVE			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest,											
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	disease or condition resulting in death)	. Aci	1/6 /	Myocardial TNFARCTION A CONSEQUENCE OF:								
	resulting in treating	DUE TO	(OR AS A CONSE	OUENCE OF:	-	7						
1			MALAR	S A CONSEQUENCE OF: NARY ARTERY DISEASE S A CONSEQUENCE OF: A P. C. C. C. C. C. C. C. C. C. C. C. C. C.								
Z		- b COR	LINAI	A M	LIERI	11156	TASE		gear			
TION	Sequentially list conditions, if any, leading to immediate	DIJE TO	(OR AS A CONSE	OUENCE OF):	ZIERI	(VISE	MTIC		gear.			
ICATION		a_/P	CHR	9	2 p	1)15G	MILS		gear.			
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. que jo	(OR AS A CONSE	QUENCE OF):	x p)	1) 15 C	MILS		zear.			
SERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c. que jo	CHR	QUENCE OF):	x p)	y 1156	MILS		zear.			
8	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. QUE TO	OR AS A CONSE	DUENCE OFFI:	w p	יט מיט י	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINON			
B	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. QUE 10	OR AS A CONSE	DUENCE OFFI:	w p	יט מיט י	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINOR AVAILABLE PRIOR TO COMPLETION OF CAUS			
U U	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. QUE TO	OR AS A CONSE	DUENCE OFFI:	w p	יט מיט י	Part I. 24a, WAS AN	RMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?			
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. QUE 10	OR AS A CONSE	DUENCE OFFI:	w p	יט מיט י	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDI ANAILABLE PRIOR TO COMPLETION OF CAUS			
MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the conditions of the cause o	c. que to	OR AS A CONSE	DUENCE OFFI:	e underlyin	יט מיט י	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH?			
CIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the condition of the cause of	d. out to	O (OR AS A CONSE Y P e R l O death but not of	OWENCE OF): 9 10 51 0 resulting in th	e underlyin	g cause given in	Part I. 24a. WAS AN PERFOI 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH?			
CIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions to the condition of the conditions of the cause o	e. que 70 d. contributing to 2 (5) HOSPITAL: 1 Inpution: 2	O (OR AS A CONSE V P C R O death but not a ER/Outpettent 3	DUENCE OF): 2 1/2 51 0 resulting in th	e underlyin 26. Pi HER: 1 28c. IN.	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINOR AVAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition of the cause of the	HOSPITAL: 1 Impattent 2 28s. DATE OI	O (OR AS A CONSE O death but not in M:	DUENCE OF): 2 1/4 5 1 0 resulting in th	e underlyin 26. Pi HER: Nursing Hon 28c. IN.	g cause given in	Part I. 24a. WAS AN PERFOI 1 YES :	RMED?	24b. WERE AUTOPSY FINOR AVAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition of the cause of the	HOSPITAL: 1 Inputient 2 28a. DATE Of (Month, I	O (OR AS A CONSE Y P R R O death but not of ER/Outpatient 3 F INJURY Day, Year) OF INJURY — At he	DUENCE OF): 2 1/4 5 1 0 resulting in the	26. Pl HER: Nursing Hon 28c. IN. WC 1	g cause given in	Part I. 24e. WAS AN PERFOI 1 YES :	INJURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition of the cause of the	HOSPITAL: 1 Inputtent 2 28a. DATE Of (Month, L	O (OR AS A CONSE V P e R O death but not a ER/Outpatient 3 FINJURY Day, Year)	DUENCE OF): 2 1/4 5 1 0 resulting in the	26. Pl HER: Nursing Hon 28c. IN. WC 1	g cause given in	Part I. 24a. WAS AN PERFOI 1 YES 2	INJURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
ED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition of the cause of the	HOSPITAL: 1 Inputient 2 28a. DATE Of (Month, Inputient) 28b. PLACE (building)	O(OR AS A CONSE O De RI O death but not in ER/Outpetient 3 F INJURY Dey, Year) OF INJURY — At he, etc. (Specify)	DUENCE OF): P 1 51 0 resulting in th DOA 4 1 29b. TIME OF NJURY	26. P) HER: Nursing Hon 28c. IN. WC M 1 □	g cause given in LACE OF DEATH (Ch no 5 Residence JURY AT 2RK7 2 NO	Part I. 24e. WAS AN PERFOI 1 YES : eck only one) 6 Other (Specify) 2ed. DESCRIBE HOW 2ef. LOCATION (Street City or Yown, State)	INJURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition of the condition of the condition of the condition of the cause of the	HOSPITAL: 1 Inputient 2 28a. DATE Of (Month, I) 28b. PLACE 0 be building	O(OR AS A CONSE O death but not to Death but not to ER/Outpatient 3 FINJURY OF INJURY — At he, etc. (Specify)	DUENCE OF): 2 1/2 5 1 0 resulting in the open control of the course of	26. Pl HER: Nursing Hon 28c. IN. W 1 , factory, office	g cause given in LACE OF DEATH (Ch no 5 Residence JURY AT 7RK7 YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES : 1 YES : 24d. WAS AN PERFOI 1 YES : 24d. DYES : 24d. DESCRIBE HOW 24d. LOCATION (Street City or Town, State)	INJURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH? 1 YES 2 NO			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

SHEARIN

2. DATE OF DEATH MONTH

BALTO. HD.

29c. LICENSE NUMBER 15462

300E. 331d St

X 11 11 11 11 11

BALLIMOHE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	10	IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be nell
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	he d	Mer	nju
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	10	TO TO	f fte
	PITA	ERA	100
	HOS	FEN	A
	포	THE	POR .
	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 is a control of the funeral director, and the following of the funeral directors and the following of the funeral directors and th	3 3

use as the humal transit permit, Pages 1, 2, 3 should

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /		RTMENT				MENT/	AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First,	Middle, Last)	-							2. DAT	E OF DEATH			3. TIME OF DEATH	
	VIDO	TNTA	п сам	DERS						MOM	/31/90		YEAR	10:10 AMM	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.		E OF BIRTH		6. BIRTI	IPLACE (State or Foreign	
	212 26 6	060	1 □ M 2 💢 F		'RS.	MONTHS	DAYS	HOURS MIN.			oth, Day, Year)	.	Count	(٧)	
	213-36-6		tmet and number)		91	OF CITY T	TOWN C	KN OD LOCATION OF DEA		1 - / - /			NTY OF D	INDIANA	
oc															
0	Dulaney To	owson	Nursir	ng Cent	ter Towson, MD							Ba	lti	.more	
DIRECTOR	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCAT	TION					10d. INSIDE CITY		
E	MD.		BALTIMOR	OF.	Di	ARKVII	ਬਾ							LIMITS?	
	10e. STREET AND NUMBER		DEMILITION	<u> </u>	17	TILLATI	-	. ZIP COD	-			10 CITI	ZEN OF	WHAT COUNTRY?	
FUNERAL	8004 HARFORD ROAD						101	. ZIP COU		004					
9		REORD								234			.S.2		
5	11. MARITAL STATUS 1 Never Married 2	***	12. WAS DECEDEN	T EVER IN O.S. AT	RMED NO	13. W/	VOR. SO	ENDENT (OF HISPAI	NIC ORIG	IN? (Specify Yea Rican, atc.)	or No-		E — American Indian, k, White, atc.	
BY	3 Widowed 4 Divo			MAR OR DATES				NO NO					Spec	WHITE	
										-				AMITTE	
四		EDENT'S EDU		(0	3ive kind of	work done du	ring mo	DN ost of workli	ng	16	b. KIND OF BUS	BINESS/INC	USTRY		
Ш	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	Do NOT u			-							
F	12				S	EAMSTF	RAS	S			CLOTH:	LNG	_		
COMPLETED	17. FATHER'S NAME (First, M	liddle, (Last)						18. MOT	HER'S NA	AME (First,	, Middle, Maiden	Sumame)			
BE	GEC	YPAHT.	CHER										NIC	<u> </u>	
10	19a, INFORMANT'S NAME (7	ypa/Print)		19	D. MAILING	ADDRESS (Street a	and Number	r or Rural	Route Nu	mber, City or Tow	n, State, Zip	Code)		
F	SHIRLEY S	SANDERS	5		230	STONE	STONEY RUN LANE BALTIMORE MD. 21210								
	20a. METHOD OF DISPOSIT	ION	and from State	20b. PLACE other p	OF DISPO	SITION (Name	e of cer	metery, crer	natory or		20c. LO	CATION —	City or To	own, Stata	
	4 Donation 5 Other		OVER FROM STEELE	_ Ourer p		ORELAN	ND I	MEM.	PARK		BAI	M.OT.	TO.MD.21234		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. N/	AME A	ND ADDRE	SS OF FA	CILITY	490	YOF	K RO	DAD	
	> John	a St	ade			н.	w.	JENK:	INS I	AND	SONS CO	D. BA	LTO.	.MD.21212	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disesse or condition resulting in death)	eart failure.	a.		1 /	57	he mo	ode of dy	ing, suc	ch es ce	rdiec or respi	ratory en	reet,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequantielly list conditions, If sny, laading to immediata														
FICA	ceuse. Entar UNDERLY CAUSE (Disease or inju- that initiated events		c	OR AS A CONSE	OUENCE C	F):									
F	resulting in daeth) LAS	T	d												
S															
PHYSICIAN: MEDICAL	PART II. Other eignifica	int condition	is contributing to	o daath but not	resulting	in the und	eriyin	g cause	given in	Part I.	24a. WAS AN PERFOI 1 TYES 2	MED?	241	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ä											1				
CK	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:		LACE, OF D	DEATH (C/	heck only	one)				
S	1 TYES 2 NO			☐ ER/Outpatient	3 🗆 DOA			ne 5 🗆 R	ealdence	8 🗆 Он	her (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF 12	W	JURY AT DAK? YES 2 [□ NO	28d. D	EŞCRIBE HOW	NJURY OC	CURED		
ED		Could not be detarmined	28e. PLACE building	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Rout City or Town, State)						Route Number,					
COMPLET	anal		ICIAN: To the best of											(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE	OF CHATTER	ONO	nn	ili	2	\	290 LIC	ENSE NU	MBER 93	383			0 (Month, Day, Year) 3 /- 90	
10	30. NAME AND ADDRESS OF .			USE OF DEATH (IT	EM 27) (Typ		YOI	RK RO	DAD !	TOWS	ON MD.	2120	4		

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

led at once.

	REGISTRAR	CERTIFICA	ATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)		2. DAI MOI			AY YEAR	3. TIME OF DEATH			
	DAVID H.	SCHAEFF:	ER_		01 3	0 49	4:05 PH			
			JNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign			
	214-20-4674 1 № M 2 □ F 64	YRS.	INS DATS	HOURE MIN.	10-17-19		MARYLAND			
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	GOOD SAMARITAN HOSPITAL BALTIMORE CITY									
EC	10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
뜸	MARYLAND BALTIMORE		Di	UNDALK			1 Tyes X X No			
	10e. STREET AND NUMBER			. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	7558 WESTFIELD ROAD			2122		SA				
2	11. MARITAL STATUS 1. Never Married X Married 12. WAS DECEDENT EVER IN U. FORCES? X X YES 2: IF YES, GIVE WAR OR DATE:	S. ARMED	MED 13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Ri			or No — 14. R	ACE — American Indian, lack, White, atc.			
BÁ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATE	Š T	1 TYES	2 NO Specify	77	Sp	Pecify: WHITE			
	15. DECEDENT'S EDUCATION 16	a. DECEDENT'S USU	AL OCCUPATION	ON	16b. KIND OF BU	F BUSINESS/INDUSTRY				
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	done during mo							
굽	6TH GRADE N/A	CHIEF	CLER	K	ILA ST	EAMSHT	P			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	011421	OBBIG		ME (First, Middle, Malden		*			
	EDWARD H. SCHAEFFER				A. SCHW					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street a		Route Number, City or Tow					
ę	DORIS H. SCHAEFFER						MD 21222			
1	20e. METHOD OF DISPOSITION 20b. Pt	ACE OF DISPOSITIO				CATION — City or				
1		her place) RED HEA1	RT OF	JESUS	2-2-90 B	ALTIMO	RE. MD			
	21. BIGHATURE OF FUNERAL BETWEE LICENSEE		22. NAME A	NO ADDRESS OF FA	CILITY					
	APOUL						DUNDALK, INC			
-	23 PART I. Enter the diseases, or complications that ceused the				ENUE DUN					
	shock, or heart failure. List only one cause on each	line.	anter the tho	de or dying, euc	n as ceruled or resp	ratory arrest,	Approximeta Interval Between			
- 4	IMMEDIATE CAUSE (Final disease or condition	. 11E	0 . 1 . 6	1-0-1	-	Onset and Death				
- 1	resulting in desth)		CHI	1 110 4	V	Zaay				
	DUE TO (OR AS A CO	ONSEQUENCE OF):	C A	n A	ACATT					
S	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 5.									
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE, Enter UNDERLYING CAUSE, Enter UNDERLYING CAUSE, Orders or John S.									
윤ㅣ	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in desth) LAST									
빙	a.									
AL	PART II. Other significent conditions contributing to death but not recuiting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINGINGS AMLABLE PRIOR TO									
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO							COMPLETION OF CAUSE OF DEATH?			
					_ /		1 YES 2 NO			
ä										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
Z	1 VES 2 NO 1 Impatient 2 ER/Outpatie			ne 5 🗆 Residence	6 Other (Specify)					
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b, TIME OF		IURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCURED	>			
BY	2 Accident Investigation	1 Netural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — building, stc. (Specify)		81. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	4 Homicide determined									
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated.									
8	one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end menner se stated.									
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)						
m	(Manous, May.			•						
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin		i.						
	MAHER TANOUS IM		65	4						
	31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATU	JRE								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DALLIMONE, MANILAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler in the terring director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burfal, cremation, or a state death with the State Debt, or Health and Mental Hydiene prior to burfal, cremation, or a state death with the State Debt.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the mydical mannyer must be notified at once.
	EJ.	世界	*
	-	ly fille	the
3140,	ecuted within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler in the tent in the find within 72 hours after death with the State Debt. of Health and Mental Hopiene prior to burial, cremation, or	atic event,
<	De ex	cian a	aum
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A L	The lan	te has	m 2
>	SIAN:	rtifica he Sta	or it
DIVISION OF VITAL RECORDS, F.O. BOA 13140,	ING PHYSIC	After this ce	marked,
מ	TEND	OR: /	8
11 / 1	OR AT	DIRECT DUIS A	lem 2
	TAL	MA C	=
	10SPI	UNEF	ANT
	THE	THE F	PORT
	2	22	3

FOR 1 - STATE	STATE OF M						NTAL HYGIEN	E			
1. DECEDENT'S NAME (First, Middle, Lest) FREDERICK EDWARD SCHRIEFER, SR. (1) FREDERICK EDWARD SCHRIEFE											
4. SOCIAL SECURITY NUMBER 214-26-5736		6. AGE (In yrs. let	st birthday)	IF UNDER 1 YE		24 HRS. 7. 1	DATE OF BIRTH (Month, Day, Year) -23-192	1	A. BIRTHPL	CE (State or Foreign RYLAND	
9e. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH							
FRANCIS SCOT	FRANCIS SCOTT KEY				LTIMOF	TY	L				
10a, STATE 10b, COUNT 10b, COUNT 10b	ALTIMORE	10c. CITY,	TOWN OR L		IDALK	LIMI			LIMITS?		
100. STREET AND NUMBER 2039 INVERTON ROAD				10f. ZIP CODE 2 12 2 2				10g. CITIZ	Og. CITIZEN OF WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? XXVES 2 \(\text{NO}\) NO IF YES, GIVE WAR OR DATES KORFA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 \(\text{YES}\) YES 2 \(\text{NO}\) NO Specify:						or No-	r No — 14. RACE — American Indian, Black, White, atc. Specify: WHITE			
15. DECEDENT'S ED (Specify only highest grad	College (1-4 or 5+)	16a. Di	ECEDENT'S U Bive kind of wo b. Do NOT use	ork done durir retired.)	g most of working		16b. KIND OF BUS		ISTRY		
10TH GRADE 17. FATHER'S NAME (First, Middle, Last)	N/A		MIL	LWRI			BETHLEH		TEEL	CORP	
EDWARD J. SC	HRIEFER					- ,	M. PRA				
19a. INFORMANT'S NAME (Type/Print)							Number, City or Town				
AUDREY ELLEN							BALTIMO				
206. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal from State 4 Donetion 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetory, crematory or Other place) BEL AIR MEMORIAL 2-3-1990 BEL AIR, MARYLAND											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, II											
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or haert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARREST.											
Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF): B. SEVERE CARDIO MY OPATITY. 645								bys.		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):							0			
that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
PERFORMED? 1 □ YES 2 □ NO							ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE F DEATH?				
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1											
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY				C. INJURY AT WORK?	28	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be 4 Homicide determined								e Number,			
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilme, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner as stated.											
296. SIGNATURE AND TITLE OF CERTIFIER ASSOC PLOSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 30 96.											
30. NAME AND ADDRESS OF PERSON W	DV. T. MYNNEN BANDES FRANCIS SCOTT REY MEDICAL CENTER										

Sime Daydoon-Mande 12

1		FOR STATE REGISTRA	
	1, D	ECEDENT'S	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CI	ERTIFIC	ATE OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)			*				2. DATE OF GEATH DAY YEAR 3.			3. TIME OF DEATH		
Ver	nice		S	mith			1-24-90	4 Y	EAR	9:26AM M		
4. SOCIAL SECURITY NUMBER	5, SEX	L AGE (In yrs. las		FUNDER 1 YEAR	IF UNDER 24 HI	_	TE OF BIRTH	8.	BIRTHP	LACE (State or Foreign		
245 20 4056	1 M 2 F	,,		INTHS DAYS	HOURS MI	N. (Mc	onth, Day, Year)		Country)			
215-30-1856	75	54-	3951	9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
9a. FACILITY NAME (If not institution, give sti			90	b. CITY, TOWN	OR LOCATION O	F DEATH		9c. COUNTY	OF DE	HTA		
869 W. Lexington	Street		1	Bal	timore	City		-				
RESIDENCE OF DECEDENT												
10e. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCA	TION				\neg	10d. INSIDE CITY		
			١,,,							LIMITS?		
Maryland 100. STREET AND NUMBER			L Ba	timor	ZIP CODE					A		
100. STREET AND NUMBER				10	. ZIP CODE			10g. CITIZEI	N OF WI	AT COUNTRY?		
869 W. Lexing	ton Str	et.						I I	IS			
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DEC	ENDENT OF HI	SPANIC ORI	GIN? (Specify Yes		RACE	- American Indian,		
1 Never Married 2 Married	FORCES? 1		NO		ecify Cuban, Me		to Rican, etc.)	- I Hime		White, etc.		
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:												
3 Wildowed 4 Divorced Black 15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 169b. KIND OF BUSINESS/INDUSTRY												
(Specify only highest grade		(G	ilve kind of worl	k done during me	ost of working	1 '	166. KIND OF BU	SINESS/INDUS	TRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use n	etired.)		1						
17, FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME (Firs	t, Middle, Maiden	Surname)				
								,				
	·				L Mar	y Pe	ttus					
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	ODRESS (Street	and Number or R	tural Route N	umber, City or Tow	n, State, Zip Co	ode)			
Marian Jackson			2104	W Fo	votto	S+	Rol+	٥ ٨	4D	21223		
20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSITI	ION (Name of ce	metery, crematory	v or	20c. LO	CATION — CIF	v or Tow	n. State		
1 Buriel 2 Cremation 3 Remo	wal from State	other pi	lace)	A CHARLES						- Miles		
4 Donatton 5 □ Other (Specify) / Crownsville Veterans Crownsville, MD												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Irvin Carroll Funeral Home												
▶				1						ne		
1712-14 W. North Avenue												
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate	Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): Sequentieity list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
cause. Enter UNDERLYING CAUSE (Disease or injury												
that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):									
resulting in death) LAST	1.											
										1		
PART II. Other significant condition	_			the underlying	g ceuse give	n in Part i	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
Chronic alcoh	nolism an	d cache	xia				XXX YES			COMPLETION DF CAUSE		
							E E E	I I NO		OF DEATH?		
				-			1			XXXX 2 NO		
1							1					
25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEAT	H (Check only	(one)					
EXAMINER?	HOSPITAL:	FR/Outhoutland		THER:	ne XXXeside		the Co					
			7					N HIPV CCC	DEC			
27. MANNER OF DEATH	28a. DATE OF I (Month, Day	r, Year)	28b. TIME (YY W	JURY AT ORK?		DESCRIBE HOW	INJURY OCCU	HED			
2 Accident 5 Pending Investigation				M 1 🗆	YES 2 N	0						
3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At h	ome, farm, stre	et, factory, offi	ce	28f. L	OCATION (Street	end Number or	Rural R	oute Number,		
4 Homicide determined	building, e	tc. (Specify)				(City or Town, State,					
					<u>-</u>							
29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of r	ny knowledge, d	eath occurred	at the time, dat	and place, and	d due to the	cause(a) and ma	nner as stated	i.			
one) WEDICAL EXAMINE	R: On the beels of ex	minetion and/or	investigation,	In my opinion,	death occured a	at the time, o	late and place, e	nd due to the	ceuse(e)	end manner as stated.		
29b. SI JULIE DE CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
296. SKANATURE AND THE DE CENTIFIES						E NUMBER						
T Y	^				OCME			1-	25-	90		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
JAMES KAPLAN,MD 111 Penn Street,Baltimore,MD 21201 vc												
VI. 1												
31. DATE FILED (Month, Day, Year) FEB 0 6 1990	Actic David	son-Rand	نافك									

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 You's after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be died within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at it

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

the burial-transit permit. Pages 1, 2, 3 should

ding physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/69

6

TO BE COMPLETED BY FUNERAL DIRECTOR

	dea	5	EX3
í	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur- he fluet within 20 hours after death with the State Deet, of Health and Mental Hotelene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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5	with	Crem	ent
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
FFB 0 6 1990

32. REGISTRAR'S SIGNATURE

FOR 1 - STATE	STATE OF MA						MENTAL H	YGIEN	E		
REGISTRAR		С	ERTIFIC	CATE	OF D	EATH	Υ	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) CHARLES	CORNEL			STUAR		JR		ry 4	4, 1990 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 214 - 16 - 8072	1 📉 M 2 🗌 F	AGE (In yrs. le		MONTHS DAYS HOURS MIN. TO DAYS HOURS MIN. Dec. 16, 1919 Washingto					Ington D.C.		
9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TO	WN OR L	LOCATION OF D	EATH		9c. COL	INTY OF C	DEATH
204 Poplar Ave.	(Ferndale)		Glen	Bur	nie,			Anne	e Aru	ındel
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION	4					10d. INSIDE CITY
Maryland Anne	Arundel	Gler	Burr		P CODE			40 01		1 YES 2 NO	
204 Poplar Ave. (Ferndale) 21061 U.S.A.											
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [X] IF YES, GIVE WAR	OR DATES	NO II	If ye	s, specif	DENT OF HISPAI by Cuban, Mexica NO Specifi	nn, Puerto Ricen		or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	(0	ECEDENT'S U Give kind of wo b. Do NOT use	rk done durin		of working	18b, KIN	O OF BUS	SINESS/IN	DUSTRY	
	4 years	Mac	hinis	t & To		Maker				ectr:	ic
17. FATHER'S NAME (First, Middle, Last) Charles Cor	nell	Char			16	6. MOTHER'S NA	_ (, Meiden	,	13117310	V 73.7
19e. INFORMANT'S NAME (Type/Print)	nerr		art, S			Carol Number or Aurel				JNKNC)WN
Mr. Charles C. St	uart. III					e. Gle					21061
20a. METHOD OF DISPOSITION	dare, iii						- Duli	<u> </u>			
20a. METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornetery, cremetory or other place) Fort Lincoln Cemetery 20c. LOCATION — City or Town, State Brentwood, Maryland											
21. SIGNATURE OF FUNERAL SERVICE LE	ENSEE					ton Fur					Ave. S.W.
ahock, or haart failure.	disease or condition resulting in death) a. CARDIO PULTONAMY ARRIUT DUE TO (OR AS A CONSEQUENCE OF): ADDINOSCULAR DISTINUS										
if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	R AS A CONSE									
PART II. Other eignificant condition	a contributing to de	eth but not	reaulting in	tha unda	riying c	ause given in		. WAS AN PERFOR		241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLAC	E OF OEATH (C	heck only one)				
1 VES 2 NO	1 Inpatient 2					5 Residence					
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	26e. DATE OF IN (Month, Day,	Year)	28b. TIME INJU	RY M 1		Y AT .? 3 2 \(\bigcap \text{NO}	28d, DEŞCRII	BE HOW I	NJURY O	CCUREO	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, at	NJURY — At h c. (Specify)	ome, farm, at	reet, factory,	, office			N (Street i wn, State)		er or Rural	Route Number,
29a. CERTIFIER (Check only one)											
2 MEDICAL EXAMINE		INTERTION ANG/OF	irivestigation	, in my opini	_			place, ar	nd dua to	the cause((a) and manner as stated.
29b. SADNATURE AND TITLE OF CHITTERS	ha				2	9c. LICENSE NU	IMBER	8	29d. DA	TE SIGNE	(Month Day, Year)
Dr. John Shavers				,	hic	um Mar	cvland	210	190		

FOR 1 - STATE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ROSIE SM. SOCIAL SECURITY NUMBER 213-18-1843A 213-18-1843A 213-18-1843A 22 AMALLWOOD RESIDENCE OF DECEDENT 30 STATE 105 CO ARYLAND 1 AMARITAL STATUS Never Merried 1 Divorced 15 DECEDENT'S (Specify only highest)	STREET S	AGE (In yrs. les	YRS. MO	BALTI	N OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year 04-11-0)	03 9 9 N	D. BIRTHPLA	CE (State or Foreign CAROLINA
1. SOCIAL SECURITY NUMBER 213-18-1843A 2. FACILITY NAME (II not institution, particular) 1632 SMALLWOOD 100. STATE 100. CO ARYLAND 100. STREET AND NUMBER 1632 SMALLWOOD 1. MARITAL STATUS Never Married 15. DECEDENT'S	5. SEX 1 M 2 F F give street and number) STREET T UNTY A STREET 12. WAS DECEDENT E FORCES? 1		YRS. MO	BALT	N OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year 04-11-0)	9e. COUNT	ORTH	CAROLINA
213-18-1843A De. FACILITY NAME (If not institution, of 1632 SMALLWOOD RESIDENCE OF DECEDEN: DE. STATE 10b. CO ARYLAND N/ De. STREET AND NUMBER 1632 SMALLWOOD 1. MARITAL STATUS Never Married 2 Merried W. Wildowed 4 Divorced 15. DECEDENT'S	1 M 2 M F plye street and number) STREET T UNTY A STREET 12. WAS DECEDENT E FORCES? 1		YRS. MO	BALT	N OR LOCATION OF DI	04-11-0	9c. COUNT	ORTH	CAROLINA
1632 SMALLWOOD RESIDENCE OF DECEDENT 10s. STATE 10s. CO ARYLAND N/ 10s. STREET AND NUMBER 1632 SMALLWOOD 1. MARITAL STATUS Never Married 15. DECEDENT'S	STREET TUNTY A STREET 12. WAS DECEDENT E FORCES? 1		10c. CITY, T	BALTI	IMORE	EATH		Y OF DEATH	4
RESIDENCE OF DECEDEN: 10s. STATE 10b. CO ARYLAND 10c. STREET AND NUMBER 1632 SMALLWOOD 1. MARITAL STATUS 1. Never Married 1. Widowed 4 Divorced 15. DECEDENT'S	O STREET 12. WAS DECEDENT E FORCES? 1			OWN OR LO			-17.22		
ARYLAND N/ Oo. STREET AND NUMBER 1632 SMALLWOOD 1. MARITAL STATUS Never Married 2 Merried X Widowed 4 Divorced 15. DECEDENT'S	STREET 12. WAS DECEDENT E FORCES? 1								
0e. STREET AND NUMBER 1632 SMALLWOOD 1. MARITAL STATUS Never Merried 2 Merried Wildowed 4 Divorced 15. DECEDENT'S	STREET 12. WAS DECEDENT E FORCES? 1		BAI		CATION			10d	I. INSIDE CITY
1632 SMALLWOOD 1. MARITAL STATUS Never Merried 2 Merried WWidowed 4 Divorced 15. DECEDENT'S	12. WAS DECEDENT E FORCES? 1			LTIMOI	RE			11/2	LIMITS? XYES 2 \ NO
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S	12. WAS DECEDENT E FORCES? 1				101. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
Never Merried 2 Merried Wildowed 4 Divorced 15. DECEDENT'S	FORCES? 1				21216		USA		
15. DECEDENT'S (Specify only highest	IF YES, GIVE WAR	YES 2	MED NO	13. WAS E	DECENDENT OF HISPAI specify Cyban, Mexica (ES 2 ANO Specif	NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yea or No.— 1	Black, Wi Specify:	
(Specify only highest	EDUCATION	16a, DE	CEDENT'S US	HAL OCCUP	ATION	16h KIND OF	BUSINESS/INDU		BLACK
Florenter-(Florender- (O.10)	grade completed)	(G	live kind of work Do NOT use re	done during	most of working				
Elementary/Secondary (0-12)	College (1-4 or 5+)	DC	DMESTIC						
7. FATHER'S NAME (First, Middle, Las	0)				16. MOTHER'S NA	ME (First, Middle, Mai	den Sumame)		
9a. INFORMANT'S NAME (Type/Print)		191	b. MAILING AD	DRESS (Stre	et and Number or Rural	Route Number, City or	Town, State, Zip C	code)	
ANNIE L. BURLE	CY	1	632 SI	ALLW	OOD STREET	(21216)			
METHOD OF DISPOSITION	ustration and the last	20b. PLACE	OF DISPOSITI	ON (Name of	cemetery, crematory or	20c.	LOCATION — CI	ty or Town,	State
Denation 5 □ Other Special	Removel from Stale	WESTE	ERN STA	AR CEN	ETERY				
	E LICENSEE			T				,	
Man	All	Jones	10						
SUM	ewer.	Non	w						(21223)
ahock, or heart fall	a. DUE TO (O	M AS A CONSECUTIVE	OURNOR OFFI	Jon	oulist Coulon	Jula	plier	1+2	Approximate interval Betwee Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
115	,				ying cause given in	PER	FORMED?	COL	RE AUTOPSY FINDIN ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
EXAMINER?	HOSPITAL:		_ 0	THER:					
			7	y					
nanter of Death			INJUR	Y	WORK?	28d. DESCRIBE HO	W INJURY OCCU	JRED	
3 Suicide 6 Could no	28s. PLACE OF I			r Rural Route	Number,				
(Check only	PHYSICIAN: To the best of m	y knowledge, de	eath occurred a	at the time, o	lete and place, and du	to the cause(s) and	manner as state	d.	
one) 2 MEDICAL EXA	MINER: On the basis of exer	mination and/or	investigation,	in my opinio	n, death occured at the	time, data and place	, and due to the	cause(a) an	d manner as stated
96. SIGNATURE AND TITLE OF CER	IFIER S	21			290 LICENSE NU	MBER	29d. DATE	SIGNEO (Mo	inth, Day, Year)
7	N WHO COMPLETED CAUSE				0 20	1V3			
	ANNIE L. BURLE TO AMPHOD OF DISPOSITION ANNIE L. BURLE TO AMPHOD OF DISPOSITION ANNIE L. BURLE TO AMPHOD OF DISPOSITION ANNIE L. BURLE TO AMPHOD OF DISPOSITION TO AMPHOD OF DISPOSITION TO AMPHOD OF DISPOSITION SUBJECT OF THE AMPHOD OF THE AMPHO	ANNIE L. BURLEY TOTAL MAINTE L. BURLEY TOTAL MAINTE DESCRIPTION ANNIE L. BURLEY TOTAL MAINTE OF DESCRIPTION TO SECURITIES TOTAL MAINTE OF PURERAL ENVICE LICENSEE 23. PART I. Enter the diseases, or complications that complete the second seco	ANNIE L. BURLEY 199. INFORMANT'S NAME (Type/Print) ANNIE L. BURLEY 190. METHOD OF DISPOSITION 1 Doneston S Other (Sport) 1 Doneston S Other (Sport) 1 Doneston S Other (Sport) 1 Doneston S Other (Sport) 1 Doneston S Other (Sport) 1 Doneston S Other (Sport) 1 Doneston S Other (Sport) 1 Doneston S Other (Sport) 1 DONESTON 1 DONESTON 23. PART I. Enter the diseases, or complications that caused the deach of the description of the descrip	Sea INFORMANT'S NAME (Type/Print) ANNIE L. 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BURLEY 1019 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 102 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1032 SMALLWOOD STREET 1040 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW Place) 1050 PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremetory or NEW PLACE OF DISPOSITION (Name of cemetery, cremet	98. INFORMANT'S NAME (TypesPrint) ANNIE L. BURLEY 190. MAILING ADDRESS (Street and Number or Pairal Poune Number, City or 1632 SMALLWOOD STREET (21216) 100. MAILING ADDRESS (Street and Number or Pairal Poune Number, City or 1632 SMALLWOOD STREET (21216) 100. PLACE OF DISPOSITION (Name of cemetary, commetory or WESTERN STAR CEMETERY 10. SUDMATURE OF FUNERAL SERVICE LICENSEE 11. SUDMATURE OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY 13. SUDMATURE OF FUNERAL SERVICE LICENSEE 14. SUDMATURE OF FUNERAL SERVICE LICENSEE 15. NAME AND ADDRESS OF FACILITY 16. SUPPLY SERVICE LICENSEE 16. DUE TO (OR AS A CONSEQUENCE OF): 17. SUBMEDIATE CAUSE (Final disease or condition about one cause on sach line.) 18. WAS CASE REFERRED TO MEDICAL EXAMINER: 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 19. DUE TO (OR AS A CONSEQUENCE OF): 20. DATE OF INJURY 21. DEPTAL: 22. DATE OF INJURY 23. DATE OF INJURY 24. WERE 25. DATE OF INJURY 26. DATE OF INJURY 27. MANNER OF DEATH 28. DATE OF INJURY 290. THE INJURY 290. THE INJURY 290. THE INJURY 290. THE INJURY 290. THE INJURY 290. THE INJURY 290. THE INJU	196. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Rural, State, Zip C. ANNIE L. BURLEY 1632 SMALLWOOD STREET (21216) 206. MAILING OF DISPOSITION Commentory or Commentary or Comment of Comments of C	99. INFORMANT'S NAME (%posPrint) ANNIE L. BURLEY 16.32 SMALLWOOD STREET (21216) 200. PLACE OF DISPOSITION (Name of carnetary, crumatory or carrel floure Number of Rame) 201. PLACE OF DISPOSITION (Name of carnetary, crumatory or carrel floure) 202. PLACE OF DISPOSITION (Name of carnetary, crumatory or carrel floure) 203. PLACE OF DISPOSITION (Name of carnetary, crumatory or carrel floure) 204. DOI: 107. STAR CEMETERY 205. BALTIMORE, MAR 227. NAME AND ADDRESS OF FACILITY BROWN/THORIPSON F. H. P. O. BOX 4433 239. PART I. Enter the diseases, or complications that casted the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on asch line. MIMMEDIATE CAUSE (Final disease or condition resulting in death) 240. TO (OR AS A COMBEQUIENCE OF): 240. THE TO (OR AS A COMBEQUIENCE OF): 241. WAS AN AUTOPSY PERFORMED? 242. WAS AN AUTOPSY PERFORMED? 243. WAS AN AUTOPSY PERFORMED? 244. WAS AN AUTOPSY PERFORMED? 245. WAS CASE REFERRED TO MEDICAL PRODUCTION OF THE CARNET CARREST CARNET CAR

BALTIMORE, MARYLAND 212(ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fig. 6 percent of the hospital or a	After this certificate has been signed by the attending physician and completely filled in by the funeral instance and Schould be distanced for us learn with the State Dent or Health and Mental Honeine order to build; cremation, or removal.
BALTIN	urs after death.	in by the funeral
13146,	executed within 24 hos	and completely filled bunial, cremation, or
IN OF VITAL RECORDS, P.O. BOX 13146,	he death certificate be	After this certificate has been signed by the attending physician and completely filled in by the fur- learh with the State Best or Health and Mental Hotelee prior to build: cremation, or removal.
AL RECORD	he law requires that t	has been signed by
ON OF VIT	ING PHYSICIAN: TI	After this certificate

BALTIMORE, WARYLAND 21203-3146	the state of the bospital or attending physician,	work, page 5, hound be distached for use as the burial-transit permit. Pages 1, 2, 3 should	matter notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral numers, man is handled for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner material at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE (OF DEAT	ГН	REG.	NO.		
1. DECEDENT'S NAME (First,	Middle, Last) SNA	h						2. DATE OF DEATH	2	90	TIME OF DEATH
4. social security numb None	ER	6. SEX 1959 M 2 ☐ F	6. AGE (1	In yrs. lest birthday) YRS.	IF UNDER 1 YO	EAR IF UNDER AYS HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year May 30	1939	8. BIRTNPI Country) Indi	ACE (State or Foreign
Surburban I		•				own or Location				ntgome	
10a. STATE	10b. COUNTY	1			Y, TOWN OR L	LOCATION				1	Od. INSIDE CITY LIMITS?
India 100. BTREET AND NUMBER	Andh	em		Bom	ibay	10f. ZIP CODE	E		10g. C		II YES 2 □ NO AT COUNTRY?
A-7 Tushar 1	Park	Lie was			1	40008	-			India	
1 Never Married 2 (2) 3 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 (C) NO	If yo		n, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, etc. :		Black, Specify.	- American Indian, White, etc. : :asian
(Specify only Elementary/Secondary (0	EDENT'S EDU- highest grade	CATION completed) College (1-4 or 5	+)	16a. OECEDENT'S (Give kind of life. Do NOT u	work done duri se retired.)	IPATION ing most of worldi	ng	166. KIND OF	BUSINESS/II	NDUSTRY	
12 17. FATNER'S NAME (First, M		4		Brigon	CCT.	- 0.00		ME (First, Middle, Me	ilden Surname)	
Veljidas Sha				19b. MAILIM	ADDRESS /S			V. Shah		Zip Code)	
Raj Shah	,, ==,							ckville	, Mar	yland	
20s. METNOD OF DISPOSITI 1 Buriel 2 1 Cremetio 4 Donation 6 Other	n 3 🗆 Rem	oval from State		PLACE OF DISPO						- City or Tow	n, Blate Virginia
21. SIGNATURE OF FUNERA		CENSEE 3. Bo	ela	ny-	22. NAI 3901		ss of FA	rfax Dri	ingto	n Fune	ral Home
IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecouse. Enter UNDERLY!	lons, diata	a. DUE TO	ut	SONSEQUENCE O	ARA	goo	n Pu	eal e	in fe	etiev	Onset and Deat
CAUSE (Disease or injuthat initiated events reaulting in death) LAS	ITY	d. OUE TO	OR AS A	CONSEQUENCE	mer	ilm	200	fail	Nre		
PART II. Other algorifica	ont condition	und.	ex ley	ut not resulting	In the unde	orlying cause	given in	PE	S AN AUTOPS RFORMED? ES 2 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	FR/Outr	netlant 3 □ DOA	OTHER:	26. PLACE OF D		6 Other (Specify)	4		
27. MANNER OF OEATH 1 Netural 5	Pending	26e. DATE O		28b, Til	ME OF 26	Bc. INJURY AT WORK?		28d. DESCRIBE H		OCCURED	
a Destrict	Could not be determined	26e, PLACE 6 building	OF INJURY , etc. (Spec	/ — At home, ferm,	street, factory	, offics		281. LOCATION (S City or Town,		ber or Rural Ro	ute Number,
Conden Grilly		ICIAN: To the best o									and manner as stated.
296. SIGNATURE AND TITLE	5-W?	, KW	101	ney		29c LIC	ENSE NU	MBER 2978	29d. D	DATE SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF	00	O COMPLETED CAL	SE OF DE	EATH (ITEM 27) (Typ	e, Print)	ma	N	own,	NP	20	874.
31. DATE FILEO (Month, Day,	- C- C- C- C- C- C- C- C- C- C- C- C- C-	32. REGISTR	AR'S SIGN	Till							

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BALTIMORE, MARYLAND 2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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5	2	00
5	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be r

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND W		GIENE									
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DE	EATH	3. TIME OF DEATH								
	Richard Taylor, Sr.	O1	- 29 -	90 8:00 a M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIS	TE OF BIRTH 8. BIRTHPLACE (Sta									
	O 4 TO 4 TO 4 TO 4 TO 4 TO 4 TO 4 TO 4	NTHS DAYS HOURS MIN. (Month, Day, Year) 07 - 23 -28 Mary										
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEA	ATH		TY OF DEATH								
DIRECTOR	1008 Stamford Avenue Baltimore											
HE	10s. STATE 10s. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?								
	Maryland Baltimore 10s. STREET AND NUMBER 101. ZIP CODE			1 XYES 2 NO								
IAL	10s. STREET AND NUMBER 10f. ZIP CODE		10g. CITIZ	EN OF WNAT COUNTRY?								
ij.	1008 Stamford Avenue 21229			US								
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECEDENT OF HISPANI 1 Never Married 12. WAS DECEDENT OF HISPANI 13. WAS DECENDENT OF HISPANI 14. WAS DECENDENT OF HISPANI 15. WAS DECENDENT OF HISPANI 16. WAS DECENDENT OF HISPANI 17. WAS DECENDENT OF HISPANI 18. WAS DECENDENT OF HISPANI 19. WAS DECENDED OF HISPANI 19. WAS DECENDENT OF HISPANI 19. WAS DECENDENT OF HISPANI 19. WAS DECENDENT OF HISPANI 19. WAS DECENDED OF HISPANI 19. WAS DECENDENT OF HISPANI 19. WAS DECENDED OF HISPANI 19. W	, Puerto Rican,		14. RACE — American Indien, Black, Whita, etc.								
ВУ	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☑ NO Specify:			Specify: White								
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND	OF BUSINESS/INDU									
<u></u>	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use refined.) Elementary/Secondary (0-12) College (1-4 or 5 +)											
4PL	12 machinist	T	001 & D	ie								
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME	AE (First, Middle,	Maiden Surname)									
BE		-Jack										
0	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Ru											
	Richard Taylor, Ir. 1008 Stamford Ave.	Bal										
	1 Burlal 2 Cremetlog 3 Removal from Stata othy (Argo)		20c. LOCATION - C									
	21. SIGNATURE OF FUNERAL SERVICE LEEP 22. NAME AND ADDRESS OF FACILITY											
	Irvin Car		Funeral	Home								
	1712-14 W	Nor	th Aven	ue								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	as cardiac d	or reapiratory arre	Approximata Interval Between								
	IMMEDIATE CAUSE (Finel disease or condition)		Onset and Death									
	resulting in death)											
-	DUE TO (OR AS A CONSEQUENCE OF):											
2	Sequentially list conditions, our to local Acommodists of any, leading to immediate											
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury											
=	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CERTIFICATION	La_											
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in I	Part I. 24s.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS								
EDICA			PERFORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE								
MED		_ _	,	OF DEATH?								
		_										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Che EXAMINER?	ock only one)										
SIC	1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence	6 Other (Spe	clfy)									
표	27. MANNER OF DEATH 28a. DATE OF INJURY (Morith, Dey, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28c. INJURY AT WORK?	28d. DESCRIB	E HOW INJURY OCC	URED								
BY	2 Accident Investigation Investigation											
ETED	3 Suicide a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)	28f. LOCATION City or Tow		or Rural Route Number,								
画	29a, CERTIFIER											
COMPLI	(Check only Chilif Tind Physician: to the best of my knowledge, desth occurred at the time, date and place, and due											
8	2 MEDICAL EXAMINER: On a examination and/or investigation, in my opinion, death occured at the		-									
BE	296. SIGNATURAL AND TWILE ON CENTIFY 1	BER	29d. DATE	SIGNED (Morth, Day, New)								
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	4/	A	73/50								
	2 KNOLL NORTH COCHISIA MD 216	245	M.K	ELENBN								
	31. DATE FILED (Mogth, Pay, Year) 13. DATE FILED (Mogth, Pay, Year) 32. REGISTRAR'S SIGNATURE 13. DATE FILED (Mogth, Pay, Year)	, ,										

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	6, BALTMORE MARYLAND 21203-3146
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24. Taken death Physician in the inspiral or attending physic	my meaned by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furned offers as the burlar	page 5 should be detached for use as the buria
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	The notified at once.

31. DATE FILED EOB. 0.6" 1990

	FOR STATE REGISTRAR		STATE OF M		D / DEPAR CERTIF						HYGIENI REG. NO.	E				
	1. DECEOENT'S NAME (First	t, Middle, Last)								2. DATE OF	F OEATH DA	γ)	EAR :	3. TIME OF OEATH		
	Charles		ingle							Feb			_	2130 M		
	4. SOCIAL SECURITY NUME	BER	5. SEX		s. last birthday)	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, L	Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
		215_38_1614 15 M 2 G F 50 YRS						Aug. 22 1939 Delaware CHY, TOWN OR LOCATION OF DEATH Se. COUNTY OF DEATH								
c					ON OF OR	EATH		23 1000								
DIMECTOR	11039 Word	per	rlir	1				Wor	ces	rer						
Ä	10a. STATE	10c. CIT	Y, TOWN	OR LOCAT	ION					1	IOd. INSIDE CITY LIMITS?					
	Md.		ester		Be	rli	- Y							YES 2 NO		
AAL	10e. STREET AND NUMBER						101	. ZIP COD				10g. CITIZE	N OF WH	IAT COUNTRY?		
FUNERAL	11039 WO	rcest	er Hwy.	IT EVED IN U.S	ADMED	100	WW 0 050	218		NIC ORIGIN?	m 14 - M	USA				
	1 Never Married 2 1	Married	FORCES? 1	YES 2	□ NO		If yee, sp	ecity Cubi	nn, Maxica	n, Puerto Ric		Of NO 14	Black,	- American Indian, White, etc.		
BY	3 Widowed 4 Dive	preed	N/A	AN ON DAIES			I [] YES	SE NO	Specify	у:			Specify:	White		
COMPLETED		CEDENT'S EOU		161	OECEDENT'S	work done	dudna ma	ON at of worki	ina	16b. K	IND OF BUS	INESS/INDUS	TRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5		Iffe. Do NOT u	se retired.)										
M	12 17. FATHER'S NAME (First, A	district a set	0	10	wner-	Mana	agei			Met ME (First, Mic		abri	cat	or		
_	Edward T									Wilk						
BE	19a. INFORMANT'S NAME (19b. MAILING	3 ADDRES	S (Street a					n, State, Zip C	ode)			
2	Linda Ti	ngle			1103	9 W	orce	este	r H	wv. I	Berli	n. M	d.	21811		
	200 METHOD OF DISPOSIT	FION	oval from State	20b. PL	ACE OF DISPO							CATION - CH		n, Stata		
	4 Donation 8 Other (Specify) Sunset Memorial Park Berlin, Mary										ryland					
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEL	7		-	rame	ler	Fund	eral	Home	Inc				
	Vhoma	oR.	Lead	- m	0079.	/ :	12 1	otu	s S	t., I	over	, DE	19	901		
	23. PART I. Enter the deahock, or he immediate cause (Fi disease or condition resulting in death)	neert feliure.	a. Motos	tatic		lon	r the mo		ring, suc		oc or reapl	retory arres	nt,	Approximete Interval Between Onset and Death O MP ATAS		
HILLICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.															
_	that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	NSEQUENCE (OF):										
CER	Tooling III datelly Exc		d													
MEDICAL	PART ii. Other aignific	ant condition	ne contributing to	daath but i	not reauiting	In the u	nderlyin	g cause	given in		PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (CA	neck only one)						
2	1 YES 2 NO		1 Inpatient 2		nt 3 DOA	4 🗆 Nu	rsing Hon	URY AT	fesidenca	8 Other (N II III OCCI	IDED			
ВУ РН		Pending Investigation		Day, Year)		JURY M	W	YES 2	□ NO	280. DESC	HIBE HOW I	NJURY OCCU	MED			
	a Chartest	Could not be determined	28s. PLACE (building	OF INJURY — , atc. (Specify)	At home, farm,	street, fac	ctory, offic	à			TON (Street in Town, State)	and Number o	r Rural Ro	oute Number,		
COMPLETED	cone)	53-2-1	ER: On the basis of											and manner se stated.		
O BE C	295. SIGNATURE AND JUL	E OF CERTIFIE	M	ner	2			0	26	278	7	D 2	SIGNED ((Month, Day, Year)		
-	DAVID COL	PERSON WI	O COMPLETED CAN	45 E	(ITEM 27) (Typ	10, Print)	51	2	S	olishu.	4,	MD	21	807		

38 REGISTEAR'S SIGNATURE July Daydoon Handel

The state of the s

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with four in the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove iMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medital

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
CHARLES	S	MELV	VIN		TH	HOMAS			MONTH FEB.	AY 1	990	11:09 A. N
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE	(In yrs. lest bir		JNOER 1 YEA			7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
219-26-5398	8	1 2 - F	52	2 .	YRS. MON	THS DAY	8 HOURS	MIN.	Nov. 17,	1937	Mas	sachusetts
Be. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b.	CITY, TOW	N DR LOCATI	ON OF DI	ATH	9c. COU	NTY OF D	EATH
Kimbrough		ospital				Ft.	Meade			An	ne A	rundel
10e. STATE	10b. COUNT			1	Oc. CITY, TO	WN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland	Ann	e Arundel	l		Hanov	ver						1 TES 2XXNO
10e. STREET AND NUMBER							10f. ZIP COD	E		10g. CIT	IZEN DF V	VHAT COUNTRY?
7397 South 1	Bascom	Court					21076			U	SA	
II. MARITAL STATUS		12. WAS DECEDEN	TV YES	U.S. ARMED	D				IC ORIGIN? (Specify Yor, Puerto Ricen, atc.)	es or No—	14. RACI	E — American Indian, k, White, etc.
Never Married 2 X		FORCES? 1 IF YES, GIVE V		ATES etnam			ES 2XXNO				Spec	
15. DEC	EDENT'S EDU	CATION completed)		(Give t	DENT'S USU	noisub enois	ATION most of working	ır.	16b. KIND OF B	USINESS/INI	DUSTRY	
Elementary/Secondary (College (1-4 or 5	+)	life. Do	NOT use reti	ired.)	most of world	<i>'</i> 8				
12		None			Mili	tary			U.S.	Army		
17. FATHER'S NAME (First, A	fiddle, Last)						16. MOT	HER'S NA	ME (First, Middle, Maide	n Surname)		
Charles		•			as Sr			nel		ances		Wolforth
19a. INFORMANT'S NAME (m1		19b. M				or Rurel	Route Number, City or To	wn, State, Zij	p Code)	
Agnes	Р.	Thomas		BLACE OF	Same		.Ue cemetery, cren		1	0012121	A11.	
1 Surial 2 Cremation 1 Donation 5 Other	on 3 🗆 Rem	oval from State	200	other place)						OCATION —		
21. SIGNATURE OF FUNERA	The second second second second	TABLES		M	arylai		teran			ownsv	111e	, Maryland
. 1	de	/			- 1	*** 117.00	AND ADDITE	00 01 12	NOTICE T	1 SE	COND	AVE. S.W.
1	flier					SING	LETON	FUNI	ERAL HOME,	GLEN	BUR	NIE, MD. 210
Sequentially list condition in any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or Injection)	diata ING	C		A CONSEQUE								
that initiated events resulting in death) LAS		DUE TO	(OR AS A	CDNSEQUE	INCE OF):							
PART II. Other eignifica	ent condition	ns contributing to	death b	out not read	uiting in th	na undarly	ying cause	given in		N AUTOPSY DRMED? 2 NO	246	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Out	patient 3 🗆		HER:	one 5 R		8 Other (Specify)			
27. MANNER OF DEATH	Pending	28a. DATE DE			66. TIME OF	28c.	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED	
1 Matural 5								_ 140	L			
2 Accident	Could not be determined	28e. PLACE (building	OF INJURY , etc. (Spe	f — At home, cify)	, ferm, street	t, factory, c	office		28f. LOCATION (Street City or Town, Stell		or or Rural	Route Number,
2 Accident 3 Suicide 4 Hemicide 29e. CERTIFIER (Check only	Could not be determined	iCIAN: To the best o	, etc. (Spe	cffy) vledge, death	occurred at	the time, o	date and place		City or Town, Stell	anner as sta	nted.	Route Number,
2 Accident 3 Suicide 4 Hemicide 29e. CERTIFIER (Check only	Could not be determined	ICIAN: To the best of a	, etc. (Spe	cffy) vledge, death	occurred at	the time, o	date and place n, death occu 29c. LIC	red at the	City or Town, Stell to the cause(a) and m time, data and place,	anner as ate	nted. the cause(
2 Accident 3 Suicide 8 4 Homicide 29s. CERTIFIER (Check only one) 2 MEE	Could not be determined TIFYING PHYS DICAL EXAMINI E OF CERTIFIE	ICIAN: To the best of the best	f my know	offy) rledge, death on and/or Inve	occurred at estigation, in	the time, of my opinion	date and place n, death occu 29c. LIC	red at the	City or Town, Stell to the cause(s) and m time, data and place,	anner as ate	nted. the cause(a) and manner as stated.

dat be notified at once.

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TO THE HOSPITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 min the	0	9	=
-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the second of the complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at large-	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical entering

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		LITTII TOP	TE OF DEATH	2. DATE O	REG. NO.		111	IME OF DEATH
		g.		MONTH	DAY		AR	12:53PM
	Gie 5. SEX 6. AGE (In yrs. Is		Shor NDER 1 YEAR IF UNDER 24 HRS	7. DATE O	iary 30	6.	BIRTHPLA	E (State or Foreign
	1 D M 2 D F 83	YRS. MONT	HS DAYS HOURS MIN.	Booth.	20-0	6	Country	
9e. FACILITY NAME (If not institution, give stre-		9b.	CITY, TOWN OR LOCATION OF			9c. COUNTY	OF DEATH	
Maryland General	Hospital		Baltimore Ci	ity		N/A	A	
10e. STATE 10b. COUNTY		10c. CITY, TOY	WN OR LOCATION				10d	. INSIDE CITY
MARYLAND N/A		BAL	TIMORE				Xò	LIMITS? YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		Т	10g. CITIZEN		
1610 WEST FRANKLI			21223			USA		
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEOENT EVER IN U.S. A. FORCES? 1 YES 2	RMED NO	13. WAS DECENDENT OF HISP If yee, specify Cuban, Mex	icen, Puerto Ri	(Specify Yes o	r No 14.	Black, Wh	American Indien, lite, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2XXNO Spe	ecify:			Specify:	DIACV
15. DECEDENT'S EDUCA	TION 18e. D	ECEDENT'S USU/	L OCCUPATION	16h I	(IND OF BUSIN	VESS/INDUST	TRY	BLACK
(Specify only highest grade or Elementary/Secondary (8-12)	College (1-4 or 5+)	Give kind of work of e. Do NOT use retir	one during most of working ed.)		0, 5001			
Elementary/Secondary (0-12)	College (1-4 or 5+)	RETIRE	D	i				
17. FATHER'S NAME (First, Middle, Last) PERRY SYDNOR			16. MOTHER'S	NAME (First, Mi	ddle, Meiden Su	umame)		
19e. INFORMANT'S NAME (Type/Print)								
MARY BEATRICE RO			RESS (Street and Number or Rur 'EST FRANKLIN				de)	
200 METHOD OF DISPOSITION 1 © Burlal 2 Cremation 3 Remov	rel from State other p	viace)	(Name of cemetery, crematory of	or		TMODE		
Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE!		I ZION	CEMETERY 22. NAME AND ADDRESS OF	F100 F71	BALI	IMORE	, PLAF	RYLAND
21. SIGNATURE OF FUNERAL SERVICE LICE	+ 1/							
Timela	WK Sto	no	BROWN/THOMPS	ON F.H	. P.O	. BOX	4433	3 (21223)
23. PART i. Enter the diseases, or co	mplications that coused the dist only one cause on each illu	eeth. Do not a	nter the mode of dying, a	uch ae cerdi	ec or reapire	tory srrest	,	Approximate
IMMEDIATE CAUSE (Finel	at Only One cause on each in	a.					İ	interval Between Onset and Des
disease or condition resulting in death)	Acute Myocard	ial Infa	rction				1	
resulting in destri)	DUE TO (OR AS A CONSI	EOUENCE OF):						
	Pulmonary En	mbolism						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSI	EOUENCE OF):	-					
CAUSE (Disease or Injury	Sepsis							
that initiated events	DUE TO (OR AS A CONSI	EOUENCE OF):						
reaulting in death) LAST								
PART II. Other aignificent conditions	contributing to death but not	manifelms in the	a underhine equal given	in Best I	24a. WAS AN A	Imper	nah wes	DE ALEXANDA EMIDINA
TAITI II. Other alginicent conditions	Hydronephrosi		e underlying cause given	III Part I.	PERFORM		AMA	RE AUTOPSY FINDING ILABLE PRIOR TO IPLETION OF CAUSE
Denetil I a m				—	1 TYES 2	XNO		DEATH?
Possible Ti	rigonal Bladder	Carcin	oma				1 (YES 2 NO
			26. PLACE OF DEATH	(Check only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT		ce 8 🗆 Other				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO	inpatient 2 ER/Outpatient	3 DOA 4 D	Nursing Home 5 - Resident			JURY OCCUR	EO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH			28c. INJURY AT WORK?	28d. OE\$0	MIDE HOW IN			
25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2½ NO 27. MANNER OF DEATH 1 ¼ Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1XX Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	28s. OATE OF INJURY	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	281. LOCA	TION (Street en		Rurel Route	Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2\(\) NO 27. MANNER OF DEATH 1\(\) Neturel 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpatient 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At 1	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	281. LOCA	TION (Street en		Rurel Route	Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1X Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	Inpatient 2 ER/Outpatient 28s. OATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At 1	3 DOA 4 DOB TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO factory, office	281. LOCA City of	TION (Street en r Town, State)	d Number or I	Rurel Route	Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1X Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	28e. OATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY — At houlding, etc. (Specify)	29b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO factory, office	281. LOCA City of	TION (Street en Town, State)	d Number or l		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1X Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At I building, etc. (Specify) AN: To the best of my knowledge, C	29b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO factory, office	28f. LOCA City of	TION (Street en r Town, State) se(e) and mann and place, and	d Number or I	ause(e) end	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1X Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At I building, etc. (Specify) AN: To the best of my knowledge, C	29b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO factory, office the time, date and place, and a my opinion, death occured at	281. LOCA City of due to the cause the time, date a	TION (Street en r Town, State) se(e) and mann and place, and	d Number or I	ause(e) end	d manner as stated.

c/o Maryland General Hospital

Haroutioun Shahinian, M.D.

31. DATE FILED (Month, Day, Year)

See REGISTRAR'S SIGNATURE

FEB 06 1896 July Savidson Rendelle

BALTIMORE, MARKENND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be recovered to the part of the law requires that the death certificate be executed within 24 nours after death. Page 5 must be not attend to the part of the fundation of the law requires that the part of the law requires that the part of the law requires that the part of the law requires that the fundation of the law requires that the law requires that the law requires that the fundation of the law requires that the law requires that the law requires that the law requires that the fundation of the law requires that the law requires the law requires that the law requires that the law requires that the law requires that the law requires that the law requires the law requires the law requires that the law requires the law DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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s De	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MONTANT If them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be neithful.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TIEGIOTTIAN				OLITTI	IOA	12 01		7111	_	HEG. NO.			
1. DECEDENT'S NAME (First	NCETTA		vı	INCI					M	DATE OF DEATH DA		YEAR	750 A M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. lest birthday		DER 1 YEAR		DER 24 HRS.	7.6	ATE TO BIRTH	/ 1	8. BIRTHPL	ACE (State or Foreign
215-24-9609		1 🗌 M 2 💢 F	91	YRS.	MONTE	HB DAYS	HOUR	MIN.	loc	Month, Day, Year) CT. 20,1	898	ITAI	LY
9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. C	CITY, TOWN	OR LOC	ATION OF DI				TY OF DEA	TH
1211 DANIE		NUE				BALTI	MOR	E			Е	ALTIN	10RE
10a, STATE	10b. COUNT	Y		10c, C	ITY, TOW	VN OR LOCA	ATION					1	Od. INSIDE CITY
MARYLAND		ALTIMORE				LTIMO	RE					1	LIMITS?
1211 DANIE		NUE				10	212					U.S.A	AT COUNTRY?
11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN L	I.S. ARMED	Т	13 WAS DE	CENDEN	T OF HISPAI	NIC O	RIGIN? (Specify Yes	or No	14 BACE -	- American Indian,
1 Never Married 2X		FORCES?	YES	2 XNO		If yes, s		uban, Maxica	in, Pu	erto Rican, atc.)		Black, Specify:	White, etc.
15. DEC	CEDENT'S EDU	CATION	I i	6a. DECEDENT	'S USUAI	L OCCUPAT	ION			16b, KIND OF BUS	INESS/IND	USTRY	WILLE
(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 5	4)	(Give kind o life. Do NOT	f work do	one during m ed.)	ost of wo	orking					
6	,	Consign (1-4 of 5	"	HOMEM	IAKE:	R				OWN	HOME		
17. FATHER'S NAME (First, A	Aiddle, Last)						18. M	OTHER'S NA	ME (F	irst, Middle, Maiden	Sumame)		
VINCENZO (CARUSO						G	UISEP	PIN	NA MAGG	IORE		
19a. INFORMANT'S NAME (Acceptance of						Number, City or Town		,	
ANNA M. TO									LT]	MORE, M.			21207
20a, METHOD OF DISPOSIT 1 N Burial 2 Cremati 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. F	PLACE OF DISP other place) V CATHE	OSITION DRA	L CEM	emetery, d	cremetory or RY				E, MD.	*15153
21, SIGNATURE OF FUND		CENSEE	-11		Т	22. NAME /	AND ADD	RESS OF FA		Y			
1 Her	mare	enc	Z	2									ERAL HOMES E, MD. 2122
disease or condition resulting in death) Sequentielly list condition on the cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	diete ring ury	b. DUE TO	(OR AS A C	CONSEQUENCE	OF):	lo.	coi	al	t	HL.	di	1,	4-wage
PART II. Other Signific	C D	of the	desth but	1 not resulting	ll.	ounderly in	ng ceue	given in	Part	I, 24a. WAS AN PERFOR	MED?	3	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? YES 2 NO
25. WAS CASE REFERRED	PO MEDICAL						PLACE O	F DEATH (C	heck o	nly one)			
1 YES 2 NO		HOSPITAL:	☐ ER/Outpat	lent 3 DOA		HER: Nursing Ho	me 5 💆	Residence	6 🗆	Other (Specify)			
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	Pay, Year)		IME OF NJURY	W	JURY AT		_	DESCRIBE HOW I	NJURY OC	CURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY -, etc. (Specify	- At home, farm	n, street,				261.	LOCATION (Street City or Town, State)		or Rural Ro	ute Number,
			_									-	
(original printy		ER: On the best of											and manner as stated.
296 SIGNATURE AND THE	the	el Us	CIN	Au	16	D.	290	LICENSE NU	MBER	76	29d. DAT	E SIGNED (Month, Dily, Year) (1998)
30. NAME AND ADDRESS C	OF PERSON WI	S S	SE OF DEAT	H (ITEM 27) (7)	pe, Print)	Ain	80	lan	1	Rd.	BA	ult	.Hd219
31. DATE FLEBOOD OF	1990	FILE DELL	A SIGN	ample		C	9	100		7			

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 nours after death.	TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State, Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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1.7	1. DECEDENT'S NAME (First, Middle, Last)	SUMNER	O. MARN	FΥ			2. DATE	OF DEATH	N /	YEAR	3. TIME OF DEATH	1 0
ŝ	Gumper	0.	Var	hey			MONT	1/29	190	TEAR	7:14	- N
7.8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURA MIN.		OF BIRTH		6. BIRTH	PLACE (State or Form	eign
ï	9e. FACILITY NAME (If not institution, give s	1 M 2 F	19	YRS.	Oh CITY TOWN	OR LOCATION OF D	EATU	0/6/	9c, COUNT	TV 05 D	H 99	
HOL	9+ Jogen	Hogpi	tal			DW GON	EATH			la	4	
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CIT	Patt						10d. INSIDE CITY LIMITS? 1 YES 2 1	NO
LONERAL	100. STREET AND NUMBER	ona f	d.			I. ZIP CODE	23	9	USA		VHÁT COUNTRY?	
B	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		II yes, sp	CENDENT OF HISPA ecity Cuben, Mexic i 2 NO Speci	in, Puerto		or No-	14. RACE Black Speci	- American India c, White, etc.	e.
COMPLEIED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		-	ECEDENT'S Give kind of le. Do NOT u	USUAL OCCUPATION WORK done during more retired.)	ON ost of working	161	o, KIND OF BU	SINESS/INDU	JSTRY		
	12 Years			Super	visor			Lev	er Br	os.		
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Sumame)			
100	William Horace Va	rney				Alic		umner				
2	199. INFORMANT'S NAME (Type/Print)		1			and Number or Rural					2	
	Marian H. Varney		20h BLACI		SITION (Name of ce	Rd. Ba	utim		CATION — C	1239		
Ų	1 Donation 5 Other (Specify)		other i	nlacal	ount Cem	netery		Bal	timor	e, I		
3.0	21. SIGNATURE OF POWERAL SERVICE LA		yr. Do	,		ND ADDRESS OF F					04040	
	23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	Liat only one car	at caused tha c uaa on aach iir	na.	not anter the mo		ch aa car	diac or reap	Iratory arre	est,	Approxima Interval Be Onset and	Das
NO IIVO	shock, or heart fallura. IMMEDIATE CAUSE (Final	a. BIATO DUE TO b. DUE TO c.	at caused tha c uaa on aach iir	EOUENCE O	not antar the mo	oda of dying, au-	ch aa car	diac or reap	Iratory arre	est,	Approxima Interval Be Onset and	Das
1	shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. BILATO DUE TO b. DUE TO c. DUE TO d	at caused the cuas on each line. GOVAL B. O (OR AS A CONS.) O (OR AS A CONS.) O (OR AS A CONS.)	EQUENCE O	not antar tha mo	Oding, Cdi	TH P	diac or reap	I AUTOPSY	LU-	Approxima Interval Be Onset and	Dant A Y
ļ	shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. BILATO DUE TO b. DUE TO c. DUE TO d	at caused the cuas on each line. GOVAL B. O (OR AS A CONS.) O (OR AS A CONS.) O (OR AS A CONS.)	EQUENCE O	not antar tha mo	Oding, Cdi	TH Part I.	24e. WAS AN PERFOI	I AUTOPSY	LU-	Approxima Interval Be Onset and // > WERE AUTOPSY FIR AMALBLE PRIOR I COMPLETION OF CO	Dant: AY.
ļ	shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. BILATO DUE TO b. DUE TO c. DUE TO d	at caused the cusa on each line. SMAL B. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS. O (OR AS A CONS.	EQUENCE O	orten:	Oding, audoring,	THE Part I.	24a. WAS AN PERFOI	I AUTOPSY	LU-	Approxima Interval Be Onset and // > WERE AUTOPSY FIR AMALBLE PRIOR I COMPLETION OF CO	Dant Dant AY
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E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF OEATH 1 Astural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	BLACE ON the best of ER: On the Best of ER: On the British On the	at caused the cusa on each life caused the cusa on each life cusa on each life cusa on each life cusa on each life cusa of the	EQUENCE O EQUENCE O EQUENCE O Teaulting 28b. Till IN	ort antar tha mo	DATA CATA GRAVE OF DEATH (C) THE S Residence JURY AT ORK? YES 2 NO Ce e and place, end du	Part I. Section 1. 1 Part I. 28d. DE 28f. LO C(f)	24e. WAS AN PERFOI 1 TES 2	I AUTOPSY RMED? 2 NO INJURY OCC and Number of	24b	Approxima Interval Be Onset and Interval Be Onset and Interval Be Onset and Interval Be Interval Be Interval Be Interval Be Interval Be Interval Be Interval Be Interval Be Interval Be Interval Be Interval Be Interval Be	nonnongs
BI PHISICIAIN. INEDICAL	shock, or heart fallura. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70 27. MANNER OF DEATH 1 7 Tetural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BUETO DUE TO	at caused the cusa on each life transfer to the cusa on each life transfer to the cusa of	EQUENCE O EQUENCE O EQUENCE O resulting 3 DOA 28b. Till IN home, farm,	OF): In the underlyin 26, P OTHER: A I Nursing Hot WM 1 I etreet, factory, officered at the time, date ton, in my opinion,	DATA CATALORY TO THE PROPERTY OF THE PROPERTY	Part I. 1 Part I. 28d. DE 28f. LO C/h WMBER	24e. WAS AN PERFOI 1 TES 2	I AUTOPSY RMED? 2 NO INJURY OCC and Number of	24b	Approxima Interval Be Onset and Onset and Interval Be Onset and In	A >

BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FOR STATE	STATE OF MA							MENTAL		E			
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	_	CI	KIIFI	CATE	UF	DEAL	Н		REG. NO.				
A	7	1/		-	-			MONTH	OF DEATH DA		YEAR	3. TIME OF DEA	JH.
4. SOCIAL SECURITY NUMBER	5. SEX 6		LAR		R.			02	01		990	4130	ZAM
212-28-0979	5, SEX 6	s. AGE (In yrs. las		MONTHS (DAYS	HOURS	MIN.	7. DATE O	Day, Year)	1931	Country	NSYLVAN	
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OF	R LOCATIO	ON OF DE				NTY OF DE		
GOOD SAMARITAN HO	SPITAL			ВА	LTI	MORE							
10a. STATE 10b. COUNTY	Υ		10c. CITY	, TOWN OR	LOCATI	ON						10d. INSIDE CIT	v
MARYLAND				LTIMO								LIMITS?	
100. STREET AND NUMBER					10f.	ZIP CODI	Ē			10g. CIT	IZEN OF W	HAT COUNTRY?	
5103 HOLDER AVE						2	1214			U.	S.A.		
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WA	S DECE	NDENT O	F HISPAN	IIC ORIGIN	? (Specify Yaa		14. RACE	— American Ind White, etc.	llen,
1 Never Married 2 XX Married 3 Widowed 4 Divorced	FORCES? 1 G IF YES, GIVE WM KOREA	OR DATES	Ю			2 NO		n, Puerto R	ican, etc.)		Specify WHI	V.	
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	ive kind of w	USUAL OCC	UPATION ing mos	N t of working	ng	16b.	KIND OF BUS	INESS/INI	DUSTRY		
Elemantary/Secondary (0-12)	College (1-4 or 5+)		Do NOT US		CHAI	NIC			TILE	CO	MPANY	,	
17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First, M	liddle, Malden				
ANTHONY J. VAL	LAR SR.					Т	ERES	A P	ALUGI				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street an				er, City or Town	, State, Zip	Code)		
SHIRLEY A. VALLA	\R								E MD.				
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS				_				City or Tow	vn, Stata	
1 M Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	PÄRK	MOOD	1/5	/90				B/	LTIM	ORE I	MD.	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE DENNITO	CADIT	NIO	22. NA	ME ANI	D ADDRE	SS OF FA	CILITY					
· Dennisa.	apilan	CAPIT	ANU	LE	ONA	RD J	I. RL	JCK I	BALI NC. 53			. 21214 RD RD.	
23. PART i. Enter the diseases, Dr eshock, or heart fellure.	complications that	ceused the de	eth. Do n	Dt enter th	e mod	de of dy	ing, suci	h es card	lec or reapi	ratory ar	rest,	Approxin	
IMMEDIATE CAUSE (Finel												Onset an	
disease or condition resulting in death)	. Disse	ectin	na F	Ineu	W	usn	1 1	Thor	racic	A	orta	unce	stain
Tooling in obstry	DISSE	OR AS A CONSE	DUEN E OF):		1							
	b												
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (C	OR AS A CONSE	DUENCE OF):									
CAUSE (Disease or injury that initiated events	OUE TO (C	OR AS A CONSE	DUENCE OF):								+	
resulting in death) LAST	d												
PART II. Other significant condition	ne contribution to d	eath but not	nguiting !	n the und	Plulac	001100	Mune le	Part I	24s. WAS AN	ALITORALI	A41	Wene Armoney	EMBRICA
Severe hune		Chin	e-uiting 1	the unde	riynig	cause ;	Aisan III	reift i	PERFOR	MED?		WERE AUTOPSY ! AVAILABLE PRIOF COMPLETION OF	OT P
Marcked	and inter	2001	,		-			_	1 XYES 2	□ NO		OF DEATH?	
May Dea Ca	VAIONIA	egali	1					-				1 XYES 2 [NO
		-	_										

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EXAMINER?

1 XYES 2 - NO PRFUSED OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 26c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be datermined 4 Homicide

29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

DWALL W. ELLOW, M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29c. LICENSE NUMBER
D02569

29d. DATE SIGNED (Month, Day, Year)
2/2/40

SULOWIND GOODSAMARITAN HOSPARL, DEPT PATHOL WEDLOW, MD

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HY
1. DECEDENT'S NAME (First, Middle, Lest) Margaret	Williams	2. DATE OF DE MONTH

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF				MENTAL HYGI REG.			
1. DECEDENT'S NAME (First, Middle, Last) Margaret		Willia	ms			2. DATE OF DEATH MONTH	DAY	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 247-06-4109	1 🛄 M 2 💢 F	(In yrs. lest birthday) 59 YRS.	MONTHS I	ZEAR IF UND	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea 8-30-	30	8. BIRTHE	PLACE (State or Foreign
98. FACILITY NAME (If not institution, give a Inns Of Evergree		ome		own or Loca	TION OF DI	EATH	9c. COUN	ITY OF DE	ATH
100. STATE 10b. COUNTY	1		y, town on alto.	LOCATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 602 N. Augusta A	ve.			101. ZIP CO	DE 1.229				NAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE: IF YES, GIVE WAR OR	S 2 NO	14.7	S DECENDENT es, specify Cul	ban, Maxics	NIC ORIGIN? (Specify in, Puerto Rican, atc. y:	y Yea or No—	14. RACE Black, Specify B a (
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th		18a. DECEDENT'S (Give kind of ville. Do NOT us	work done dui se retired.)	UPATION ling most of wor	king	18b. KIND OF	BUSINESS/IND		
17. FATHER'S NAME (First, Middle, Last) James Frasier					Po11	J .	r		
19a. INFORMANT'S NAME (Type/Print) Mary Williams		602	N. Au	gusta	Ave.,	Balto.,	Md.	2122	
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIST	oval from Stata	other place) Arbutus	Mem.				Arbutus		
Partia 8	bron		43	00 Wab	ash A	lve.			
shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS	A CONSEQUENCE OF	F): W F):	ce par ce	•				Approximate Interval Between Onset and Death
PART II. Other algnificant condition	d.	but not reaulting	In the und	erlying cause	given in		S AN AUTOPSY RFORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						1 _ YE	S 2 NO		OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆 DOA	OTHER:	26. PLACE OF		6 Other (Specify))		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	IN	M	Bc. INJURY AT WORK? 1 YES 2	□ NO	28d. DESCRIBE H			
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, farm, : pecify)	street, factor	y, office		28f. LOCATION (SI City or Town, S		or Rural R	oute Number,
ana)	CIAN: To the best of my known								and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	100M	>		29c. LI	31 4	MBER	29d. DATE	SIGNED	(Month, Day, Year) 31/90
	ASHMI M.	D. 821	Print)	entar	0 51	Sonte 3	808	Bil	timen Mp
FEB 06 1990	32. REGISTRAR'S SH	fancise.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pa TO THE FUNERAL DIRECTION: After this certificate has been signed by the aftending physician and completely filled in by the funeral of be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner re-

FEB 06 1990

Annie R.	st, Middle, Last)							2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	Willi	lams						1	29		990	
4. SOCIAL SECURITY NUM	MBER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER 1		IF UNDER 24 HRS.		OF BIRTH	6	Country)	LACE (State or Foreign
225-42-6	895	1 🗌 M 2 🙀 F	84	YRS.	MONTHS	DAYS	HOURS MIN.		-5-19	05	V A	
9s. FACILITY NAME (# not	institution, give s	treet and number)			9b. CITY, 1	OWN OR	LOCATION OF D	EATH	_	9c. COUNT		ATH
1229 Clo	verda1	le Road			Bal	ltim	nore	Cil	и			
RESIDENCE OF DE							-	- 1 1	4			
M D	10b. COUNTY			10c. C/1	Balt				V			IOd. INSIDE CITY LIMITS? I YES 2 NO
10e. STREET AND NUMBER						10f. Z	ZIP CODE			10g. CITIZE	EN OF WH	IAT COUNTRY?
1229 Clo	verdal	e Road					21217			U	. S . A	A .
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div		12. WAS DECEDED FORCES?	YES 2	NO	10	yes, speci	NDENT OF HISPAI Ify Cuban, Maxics NO Specif	in, Puarto		or No— 1	Black,	- American Indian, White, etc. Black
	CEDENT'S EDU		16	DECEDENT'S				168	. KIND OF BUS	BINESS/INDU	STRY	
Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT u Home:	maker		or working					
17. FATNER'S NAME (First,						T	18. MOTNER'S NA	ME (First,	Middle, Malden	Surname)		
Bert Ran	some						Sally	Ed	wards			
19a. INFORMANT'S NAME	(Type/Print)						Number or Rural					
Mrs. Edna	Vaugh	n		1229	Clor	erd	lale Ro	oad,	Balt	0., 1	MD 2	21217
20s. METHOD OF DISPOSI			20b. PL	ACE OF DISPO	SITION (Nam	e of ceme	tery, crematory or		20c. LO	CATION — CI	ty or Tow	n, Stata
1 Donation 5 Oth		oval from State		buttuo	Momo		l Park	J				Co., MD
21. SIGNATURE OF FUNER	UL	Russ)	Jos Wes	seph		188				2222-20 ID 21216
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F	heert fellure.	complications the List only one ce	et ceused th use on eech	e deeth. Do	not enter t							
				line.		he mode	e of dying, suc	ch es cer	diec or respi	ratory erre		Approximate Interval Between
disease or condition resulting in death)	\rightarrow	B. Mult			T D			ch es cer	diec or respi	ratory erre		Approximate Interval Between Onset and Deat
resulting in death) Sequentielly list cond	itions,	DUE TO	(OR AS A CO	(FARC	T D			ch es cer	dlec or respi	ratory erre		
resulting in death) Sequentielly list cond if any, leeding to imm cause. Enter UNDERLY	litions, redieta	DUE TO	(OR AS A CO	FARC	T D			ch es cer	diec or respi	ratory erre		Approximate Interval Between Onset and Deat
resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in	litions, redieta	DUE TO DUE TO	OR AS A CO	FARC	T Di			ch es cer	diec or respi	ratory erre		Approximate Interval Betwee Onset and Deat
resulting in death) Sequentielly list cond if any, leeding to imm cause. Enter UNDERLY	litions, leddeta YING jury	DUE TO DUE TO	OR AS A CO	SEQUENCE C	T Di			ch es cer	diec or respi	ratory erred		Approximate Interval Between Onset and Deat
Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	eltions, ledleta Ying jury	DUE TO DUE TO d.	OR AS A CO	FARC	T Di	e me	otiA		diec or respi	ratory erred		Approximate Interval Betwee Onset and Deat
Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in, that initiated events	eltions, ledleta Ying jury	DUE TO DUE TO d.	OR AS A CO	FARC	T Di	e me	otiA		24a. WAS AN PERFOR	AUTOPSY IMED?	24b. 1	Approximate Interval Between Onset and Deat 6-7 yrs
Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	eltions, ledleta Ying jury	DUE TO DUE TO d.	OR AS A CO	FARC	T Di	e me	otiA		24a. WAS AN	AUTOPSY IMED?	24b. \	Approximate Interval Between Onset and Deat G - 7 YRS
Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	itions, ledieta YING jury .ST	DUE TO DUE TO d.	OR AS A CO	FARC	T Di	e me	otiA	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. \	Approximate Interval Betwee Onset and Deat G-7 yR.
resulting in death) Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations.	itions, ledieta YING jury .ST	DUE TO DUE TO OUE TO d	O (OR AS A CO	NSEQUENCE CONSEQUENCE Di	e me	otiA	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. \	Approximate Interval Between Onset and Deat G-7 yrs.	
Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	itions, ledieta YING jury .ST	DUE TO DUE TO DUE TO C. DUE TO d. a contributing to	O (OR AS A CO	NSEQUENCE CONSEQUENCE Di	erlying	otiA	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. \	Approximate Interval Betwee Onset and Deat G-7 yR.	
Sequentially list cond if any, leeding to imm cause. Enter UNDERL'CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO NO. MANNER OF DEATN	itions, ledieta YING jury .ST	DUE TO DUE TO OUE TO d	O (OR AS A CO O (OR AS A CO O (OR AS A CO O death but i	NSEQUENCE CONSEQUENCE Difference of the und	erlying (ceuse given in	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. \	Approximate Interval Between Onset and Deat G-7 yrs. 6-7 yrs. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list cond if any, leeding to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 2 Accident	itions, sedieta Ying jury .st Condition	DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O death but i	NSEQUENCE CONSEQUENCE THER:	eme 26. PLA: ing Nome 28c. INJUIT WORI 1 YE	ceuse given in	Part I.	24a. WAS AN PERFOR 1 U YES 2	AUTOPSY IMED? NO I. NJURY OCCU	24b. \\ (Approximate Interval Between Onset and Deat Grand Deat	
Sequentially list cond if any, leeding to imm cause. Enter UNDERLY CAUSE (Dissess or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 2 Accident 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER	itions, ledieta ying jury ST Cont condition To MEDICAL Pending investigation Could not be determined	DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO O	NSEQUENCE CONSEQUENCE THER: 4 ON Nursh ME OF JURY M street, factor	26. PLACE IN THE WORK WORK IN THE YEAR IN	Ceuse given in CE OF DEATN (CR 5 (Agaidence RY AT K? S 2 \(\sum NO and place, and due	Part I. Deck only of S Oth 28d. DE 28l. LOCOly	24a. WAS AN PERFOR 1 YES 2 or (Specify) CATION (Street or Town, State)	AUTOPSY IMED? NJURY OCCU	24b. \\\(\)	Approximate Interval Between Onset and Deat Grand Deat	

WAXTER

S OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (1700. PHINI)

SEFF WITH AMSON MD.

32 REGISTRAR'S SIGNATURE

MEDILL CTR BILL PARKA

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TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely miled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

d at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)	Anna K. Windsor			2. DATE OF DEATH DAY O 2 03			3 90 6:20			A M
4. SOCIAL SECURITY NUMBER 212-05-0596 9e. FACILITY NAME (if not institution, give st	1 M 2 K F 1	n yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7-3	OF BIRTH (h, Day, Year) (1-1889	9c. COUNTY	BAT	CE (State or Forei	
KESWICK HO	ME		BALT	IMORE MD	. C:	ETY)				
10e. STATE 10b. COUNTY	timore	10c. CIT	Y, TOWN OR LOCAT	TION					I. INSIDE CITY LIMITS? YES 2 X NO	0
100. STREET AND NUMBER 1603 Mt. C	Carmel Road		1 1	7. ZIP CODE 21120			109. CITIZEN	OF WHA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 XNO Specify	n, Puerto	N? (Specify Yes o		RACE — Black, Wi Specify:	American Indian, hite, etc.	,
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a, DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION ork done during more retired.)	ON ost of working	16b	. KIND OF BUSI	NESS/INDUST	RY		
12	Conege (I-4 or 5+)	Homemak	cer			Own	Home			
17. FATHER'S NAME (First, Middle, Lest)	John Di	0.000		18. MOTHER'S NA				euma	n	
19e. INFORMANT'S NAME (Type/Print)	John Bi	erman	ADDRESS (Street a	AUGUS		The second second			**	
Walter E. Windson	Jr.			rton Road					93	
26a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remoted Donation 8 Other (Specify)	20b	PLACE OF DISPOS	ok Cemet	metery, cremetory or ery 2-5-	90		timore			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA						
► Wallace	S. Bross	8,22		Towson Fi						
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F): F):	'Dislac	e_				Genet and I)
PART II. Other aignificant condition	a contributing to death b	ut not resulting	in the underlyin	g cause given in	Part i.	24s. WAS AN A PERFORM	IED?	CO OF	RE AUTOPSY FINE MLABLE PRIOR TO MPLETION OF CAR DEATH? YES 2 NO	USE
25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only o	ne)				_
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 DOA	OTHER:	ne 5 🗆 Residence						
27. MANNER OF DEATH 1 Netural 8 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	IURY WO	JURY AT DRK? YES 2 NO	26d. DE	SCRIBE HOW IN	JURY OCCUR	ED		
2 Accident 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory, offic				d Number or F	Number or Rural Route Number,		
onel	CIAN: To the best of my know							euse(s) sn	d menner as stat	ted.
296. SIGNATURE AND TITLE OF CERTIFIES	Than			20c. LICENSE NUI	WBER				onth, Day, Year)	
31. DATE FILED (MONTH) DE 168 990			, Print)							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Frous after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR SHIRLEY J. WOOTEN 90 5:13 PM 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 08 Other) [™]MARYLAND 1 M 2X F 57 32 219-28-7748 98. FACILITY NAME (IN not institution, give street and FRANCIS SCOTT KEY MEDICAL CENTER 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10s. STATE 10d. INSIDE CITY 1 YES 2 NO ANNE ARUNDEL GLEN BURNIE MARYLAND 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 304 Marylou Avenue 21061 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. Never Merried 2 Merried
Widowed 4 Divorced WHITE BY COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Spi 12 dary (0-12) College (1-4 or 5+) HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HELENA ROBERT METCALE H . HEITTMILLER BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CAROL WOOTEN 304 MARYLOU AVE. GLEN BURNIE, MD. 21061 20. METHOD OF DISPOSITION

Surfat 2 Cremator 3 4

Donatton 5 Other (Specif)

21. SIGNATURE OF FUNERAL SERVICE VETERANS 20c. LOCATION - City or Town, State CROWNSVILLE, MD AL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final SEPTICAEMIA disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): 36% BUBIL THICKNESS Full CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other algnificant conditions contributing to deeth but not resulting in the undarlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL RENAL FAILURE 1 TYES 2 NO RESPIRATORY FAILURE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED SUSTAINED BUCKS FAUEN CIGALETTE 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 1990 20 onth, Day, Natural 5 Pending investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town Stells) 3 Suicide 6 Could not be COMPLETED HOME 4 Homicide 304 MARY LOU NE, MD 21061 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HE AND TITLE OF CERTUR 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
D : F. S. K MEDICAL CENTRE, EASTERN AVE BREDMOND 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1989991 hie Devidson-Randell

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1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			MENTAL HYGIEN REG. NO.	E			
Bessie	D. Wa	ugh			2. DATE OF DEATH DO STANDARY	27.199	0 4:30 PM		
4. SOCIAL SECURITY NUMBER 577-60-6320	5. SEX 6. AGE	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH/ (Month, Day, Year) 2/3/95	C	HITHPLACE (State or Foreign purity) VIRGINIA		
9a. FACILITY NAME (If not institution, give			CITY, TOWN	OR LOCATION OF DE		9c. COUNTY (
Shady Grove A	dventist Hospital ROCKVILLE				MONTGOMERY				
10a. STATE 10b. COUNT	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?			
MD. MONTO	GOMERY	GAIT	HERSBU	JRG I. ZIP CODE		10g. CITIZEN	1 YES 2 NO		
201 RUSSELL AVE.				20077		U.S.			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 M Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPAN ecify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USU (Give kind of work	done during mo		16b. KIND OF BUS	SINESS/INDUSTI	TY .		
Elementary/Secondary (0-12)	College (1-4 or 5+)	RET. GOVE		ORKER	U.S.	GOVERN	MENT		
17. FATHER'S NAME (First, Middle, Last)	NAME (First, Middle, Last) 18. MOTHER'S					Surname)			
JOHN DOWN		PAL			SIMPSON				
19a. INFORMANT'S NAME (Type/Print) (DEBRA WAUGH (dat	grand-) ughter)				Soute Number, City or Tow Coma Park,		0912		
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren	200	PLACE OF DISPOSITION Other place)				CATION - City			
4 Donation 5 ☐ Other (Specify)			Lan Marie A	NO 4000000 05 54					
21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY STATE ANATOMY BOARD, BALTO., MD. 21201									
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	A CONSEQUENCE OF):	als a	e He	How	Souls &	Onset and Death		
PART II. Other significent conditio	ne contributing to death to		he underlyln	g ceuse given in	Part I. 24e. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. P	LACE OF DEATH (Ch	eck only one)				
1 YES 2 NO	1 Inpatient 2 ER/Out	28b. TIME OF	F 28c. IN.	IURY AT	8 Other (Specify) 28d, DESCRIBE HOW I	NJURY OCCURE	D		
	(Month, Day, Year) INJURY WORK?								
1 Natural 5 Pending 2 Accident Investigation		28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State)			
- 1	28e. PLACE OF INJURY building, etc. (Spe	- At home, farm, stree city)	.,,		City or Town, State)				
2 Accident 3 Suicide Could not be determined 29e. CERTIFIER Check only	28e. PLACE OF INJURY building, etc. (Spe SICIAN: To the best of my know ER: On the bests of examination	riedge, death occurred at	t the time, date		to the cause(e) and me	nner as stated.	use(a) and manner ae stated.		
2 Accident 3 Suicide Could not be determined 29e. CERTIFIER Check only	SICIAN: To the best of my know ER: On the bests of examination	riedge, death occurred at	t the time, date		to the cause(e) and mei time, data and place, ar	nner as stated, nd due to the car	ise(a) and manner as stated.		
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	SICIAN: To the best of my know IER: On the bests of examination	riedge, death occurred at a and/or investigation, in	t the time, date	leath occured at the	to the cause(e) and mei time, data and place, ar	nner as stated, nd due to the car			
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my know IER: On the bests of examination	riedge, death occurred at an and/or investigation, in ATH (ITEM 27) (Type, Principle)	t the time, date	29c, LICENSE NUI	to the cause(e) and mei time, data and place, ar	nner as stated, nd due to the car			

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DALLING	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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	6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	the state
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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	e de	the a	Ē
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME				YGIENE EG. NO.	
	1. OECEOENT'S NAME (First, Middle, Last) JANIE A	WEDD				2. OATE OF OMONTH	DEATH	VEAR 7:00 PM
	4. SOCIAL SECURITY NUMBER 219-66-3883	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.					DIRTH y, Year) 1909	8. BIRTHPLACE (State or Foreign Country) Virginia
OR	9a. FACILITY NAME (If not institution, give street and number) Meridian Nursing Home 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Frederick							
DIRECTOR		10b. COUNTY 10c. CITY, TO						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	STREET AND NUMBER			ZIP CODE 21701		10g. CITIZ	127 YES 2 NO ZEN OF WHAT COUNTRY? USA
BY FUNERAL	6328 New Haven Court 11. Marital Status 1 □ Never Married 2 □ Married 3 ⋈ Widowed 4 □ Olvorced 12. Was Decedent ever in u.s. Armed FORCES? 1 □ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			13. WAS DEC	ENDENT OF HISPAN polify Cuben, Mexican 2 NO Specify	14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Hom			N st of working	USTRY		
	17. FATHER'S NAME (First, Middle, Last)		210111	J. MOZICI	18. MOTHER'S NAI		Home	
	Charles Willis				Serena			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street a.		0	City or Town, State, Zip	Code)
2	Cecil A. Webb		6328 Ne	ew Hav	en Court	, Fred	erick, Md.	21701
	20b. PLACE OF DISPOSITION 1 Depression 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other pince) Laytonsville Cemetery Laytonsville, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE AICENSEE Wuriel H. Barber Funeral Home 20882 P. O. Box 5038, Laytonsville, Maryland							
CERTIFICATION	23. PART I. Enfer the diseases, of complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heart feliure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of): L. CANDIO ONES WATO A ANTITY DUE TO (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):						est, Approximate Interval Between Draset and Death 10 min 2 4 3	
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.					107	I. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)		
S	1 VES 2 TOMO	1 Inpatient 2 ER/Outp		Nursing Hom	a 5 - Residence	6 Other (S	pecify)	
3Y PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY		URY AT PRK? PES 2 NO	26d. DESCRI	BE HOW INJURY OCC	CUREO
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural City or Town, State)					or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To a past of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMPLE: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated.							
BE	29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI		29d. QAT	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W				rmi M	W /	menen	icy ma 2174
	31. DATE PILED WOOD, 60% 1990	32. REGISTRAR'S SIGN	ATURE			,		.,

32. REGISTRAR'S SIGNATURE

ARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	. 1	3. TIME OF	DEATH
	DAN	IEL	JOSEPH	WHI	TE	MONTH Feb. 0	AT 1, 1	90 5:30	AM MA
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State	
		1 🔀 M 2 🗆 F		ONTHS DAYS	HOURS MIN.	(Month Det Veet)		Country)	o o rorangii
	N/A			1 17		Dec. 16, 1		Maryland	
	9a. FACILITY NAME (If not institution, give s	reet and number)	1	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH	- 1
8	North Arundel	Hospital		Glen E	Burnie		Anne	Arundel	Cou
5	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDI	E CITY
ᅙ	Maryland Anne	Arundel	Glen	Burnie			1 YES 2 (X) NO		
ا ب	10e. STREET AND NUMBER		-	101	ZIP CODE		10g. CITIZE	N OF WHAT COUNT	TRY?
5	714 North Broadvi	ora Pland			1061		11 0	S.A.	
FUNERAL	11. MARITAL STATUS		IN IL C ADMED	7	1.061	IIC ORIGIN? (Specify Yes			n Indian
3	1 X Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE		If yes, sp	cify Cuban, Maxica	n, Puerto Rican, etc.)	OF NO-	I. RACE — America Black, Whita, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗍 YES	2 NO Specify	:		Spec#y:Whit	e
			I and the second second	1					$\overline{}$
	15. DECEDENT'S EDU- (Specify only highest grade	completed)	16a. DECEDENT'S U: (Give kind of wo life, Do NOT use	rk done during mo	N at of working	18b. KIND OF BU	SINESS/INDUS	THY	
9	Elementary/Secondary (0-12) N/A	College (1-4 or 5+)		retired.)		37./			
P	N/A	N/A	N/A			N/	A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BE (James	Mo	oses		Rose	К.	White		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural I	Route Number, City or Tow	rn, State, Zip C	ode)	
5	Rose K. White		714 No	rth Bro	adview R	lvd. Glen	Rurnie	Md 2	1061
	20- METHOD OF DISPOSITION		10b. PLACE OF DISPOSIT					y or Town, Stata	1001
ı	20a, METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem	oval from Stata	other place)						1
	4 Donation 5 Other (Specify)		Glen Haven	_			n Burn	ie, Mary	land
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ID ADDRESS OF FA	CILITY	1 Sec	ond Ave.	S.W.
	1 94 Again	2/1/-		C 1 .		3 77			
	11. Torqe	1 ignus		STUGTE	ton rune	ral Home,	Glen	Burnie, M	
	23. PART I. Enter the diseases, or dahock, or heart failure.	complications that caus List only one cause or	each lina.	t antar tha mo	da of dying, suc	h aa cardiac or resp	iretory arres		roximata vai Between
									et and Death
l	disease or condition								
	a. SUDDEN INFANT DEATH SYNDROME OUE TO (OR AS A CONSEQUENCE OF):							+	
-									
Ó	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
F	if any, leading to immediata cause. Enter UNDERLYING								- 1
윤	CAUSE (Disease or Injury	COUE TO (OR A	S A CONSEQUENCE OF						
Ē	that initiated events resulting in death) LAST		,					ĺ	- 1
CERTIFICATION		d						<u> </u>	
	PART ii. Other algnificant condition	a contributing to death	but not reauiting in	tha underlyin	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTO	PSY FINDINGS
EDICAL						PERFO		AVAILABLE COMPLETIC	PRIOR TO ON OF CAUSE
ă						XX YES	2 NO	OF DEATH?	
ME								XXXX YES	2 🗌 NO
ż									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? XXXXES 2 \(\text{NO} \)	HOSPITAL:		OTHER:	s 5 Basidanes	8 Other (Specify)			
Ϋ́	27. MANNER OF DEATH	28e. DATE OF INJUR			URY AT	28d. DESCRIBE HOW	INJURY OCCU	RED	
٥	1XXNatural 5 Pending	(Month, Day, Yea		RY WO	RK?				
BY	2 Accident Investigation				YES 2 NO				
ED	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, str (pecify)	wet, factory, offic	•	28f. LOCATION (Street City or Yown, State	and Number of	Rural Route Numbe	ν,
	4 Homicide determined								
ا ت	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my kr	owledge, death occurred	et the time, date	and place, and due	to the cause(s) and ma	nner és stated	1.	
×	eeel only	R: On the beals of exemine							or so stated.
COMPLET				, -p.inord (
ш	296. SIGNATURE AND TITLE OF CENTURE	. 1/ 0.			29c. LICENSE NUI	MBER		SIGNED (Month, Day	(, Year)
9	munic (1	rynu			OCME		2	2-30	
유	30. NAME AND ADDRESS OF PERSON WI								
İ	MARGARITA A. KO	RELL, MD		.11 Peni	1 Street	Baltimore	,MD 21	.201	VC
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	GNATURE						
	FEB 06 1990	L. Tainban	Brokelle						

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ABYLAND 21203-3146

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o,	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	RECTOR: After this certificate has been signed by the attending physician and completely filled In
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IVISION OF VITAL RECORDS, F.O. BOA 13148,	SICIAN	certific
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STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last)

Vosta:

5 SEX

1 M 2 K F

Pages 1, 2, 3 should 9a, FACILITY NAME (if not institution, give atreet and number) 9b, CITY, TOWN OR LOCATION OF DEATH DIRECTOR Essex Riverview Nursing Centre RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Baltimore FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 21221 by the hospital or attending physician. etached for use as the burlal-transit 2025 Middleborough Rd. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Nividowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife COMPL ence. 17. FATHER'S NAME (First, Middle, Last) Charles Joseph Lang Ħ BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2025 Middleborough Rd. Balto Md. 21221 2 Arthur D. Vestal, Son 2 20s. METHOD OF DISPOSITION

1 M Burtiel 2 Cremetton 3 Removel from State

4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Oak Lawn Cemetery examinerement 21. BIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA n by the removal. 1407 Old Eastern Ave. Balto. medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, 100 shock, or heart feliure. List only one ceuse on each line. 0 IMMEDIATE CAUSE (Final a. Hypertersive Arterosche Stie Cornorey Viso der Derice cremation, the disease or condition resulting in death) event, to burial, traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING prior CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): Mental Hygiene that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part j. MEDICAL Health and en livancia reterioscheter shows any PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem ; State **EXAMINER?** HOSPITAL:
1 inpetient 2 inpetient 3 inpetient 2 inpetient 2 inpetient 3 inpeti OTHER: 1 YES 2 -10 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? marked, with 1- Netural 5 Pending 1 YES 2 NO BY death 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 🗌 Suicide 28 is 8 Could not be determined COMPLETED after 4 Homicide DIRECT POURS Fee 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. TO THE HOSPITAL DE TO THE FUNERAL DE Be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 200. SIGNATURE AND TITLE OF CERTIFIER 20¢ LICENSE NUMBER BE Muse Leesan

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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MONTHS DAYS

YRS.

HOURS

Carrie

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CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 4 90 12:35 7. DATE OF BIRTH

JUNE Den 2001 1901 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign rerina. MIN. COUNTY OF DEATH Baltimore Co 10d. INSIDE CITY LIMITS? 1 YES 2 KD90 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Home 18. MOTHER'S NAME (First, Middle, Meiden Surname). Gertrude Nay Sell 20c. LOCATION — City or Town, Blate Balto Co Md. Md. 21221 Approximate Interval Batween Onset and Death 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS PERFORMEO MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 YES 2 NO 28d. DEŞCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE BIGNEO (Month, Day, Year) 96 90. 6

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OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL DR ATTENDING PHYSICIAN: The I
DIVISION	ATTENDING
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2, 3 sh	DIRECTOR	GREATER BALTIMORI	E MEDICAL CE	NTER		BAL	TIMO	RE
ges 1,	EC	10a. STATE 10b. COUNTY	,		10c. CITY, T	OWN OR L	OCATION	
permit. Pages		Maryland			Balti	more		
Бещ	FUNERAL	10e. STREET AND NUMBER					10f. ZIP	
n. Insit	N N	6201 Loch Raven B						239
3146 fig. 2000 fig. Y FU	11, MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	2 1		If yo	DECENDE s, specify YES 2 ()	Cuban,	
81	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S USI	UAL OCCU	PATION or most of	working
MARYLAND 21206 e retained by the hospital or s 5 should be detached for us notified at once.	COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use re	tired.)		
AARYLAND 21 retained by the hospital of should be detached for notified at once.	JMP	12 Yrs. 17. FATHER'S NAME (First, Middle, Last)		Ш	omemak	er	18	MOTHE
LA by the pe de at or	E CC		Brickwedde				10.	Vir
ARY stained b should to	00	19a. INFORMANT'S NAME (Type/Print)	Dilekwedde	191	. MAILING AD	DRESS (St	reet and N	
MA e reta e 5 st	2	Clare C. Hirschma	n, 207 N. Ha	ammon	ds Fer	rv R	d	inth
ME, I may be r, page st be		20a. METHOD OF DISPOSITION 1 [V] Burial 2 Cremation 3 Rem	2	Db. PLACE	OF DISPOSITI	ON (Name i		
MORI age 6 m director,		4 Donation 5 Other (Specify)		lew C	athedr		emet	
BALTIMORE, MARYLAND red death. Page 6 may be retained by the hose the funeral director, page 5 should be detach red. I examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LIC	er			22. NAR	ME AND A	DDRESS
BALTIMORE, N 24 hours after death. Page 6 may be filled in by the funeral director, page ton, or removal.		Kay H. C.C.	then			Leona	ard J	. Ruc
B. nours after d in by the or removal		23. PART i. Enter the diseases, pro ahock, pr heert feliura.				enter the	moda d	of dyin
24 hours of filled in the me		IMMEDIATE CAUSE (Final disease or condition	BRADYCARD	тл ы	VDOTEN	NOIS		
46, ompletely fille on sevent, the	_	reaulting in death)	DUE TO (OR AS			STON		
4 5 2 - 9			PERIPHERA			DIS	EASE	
	CERTIFICATION	Sequantially list conditiona, if any, laeding to immediate	DUE TO (OR AS	A CONSE	QUENCE OF):			
BOX ficate be e physician ne prior to	CA	cause. Enter UNDERLYING CAUSE (Disease or injury	с					
O. E sertification plants plan	TIF	thet initiated events	DUE TO (OR AS	A CONSE	QUENCE OF):			
S, P.O. Bo he death certificate the attending phy Mental Hygiene p ilury, or other	띪		d					
OF VITAL RECORDS, P.O. BOX PHYSICIAN: The law requires that the death certificate be his certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior t ked, or Item 23 shows any Injury, or other traun		PART ii. Other eignificant condition	s contributing to death	but not i	esuiting in t	he unda	rlying ca	use gi
CORE uires that signed by Health an	DIC.							
ECC equire en sig of Hea	ME							
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ITAI	ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			THER:	86. PLACE	
OF VITAL PHYSICIAN: The law this certificate has with the State Dep	PHYSICIAN: MEDICAL	1 TES 2 NO	1 Inpatient 2 ER/O		28b. TIME C	Nursing	Home 5	
- 12 0	ΥPI	1 Natural 5 Pending	(Month, Day, Year)	INJUR		WORK?	2 🗌
ION NDING R R: After or death	D B	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJU building, etc. (S)	RY — At ho	me, farm, stre	et, factory,	office	
DIVISION DR ATTENDING DIRECTOR: After hours after death ttem 28 Is ma	ITE	4 Homicide determined		,,,				
DIV L DIREC 2 hours	COMPLETED	(Orioth Only	ICIAN: To the best of my kno	owiedge, de	eth occurred	at the time.	, data and	placa,
SPITAL NERAL Thin 72 NT. If	ON	2 MEDICAL EXAMINE	R: On the basis of axaminat	ion and/or	Investigation,	in my opin	ion, death	occure
DIVISION TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: After be fled within 72 hours after death IMPORTANT: If Item 28 is ma	BE C	296. SIGNATURE AND TITLE OFFICETOFIE	n				29	c. LICEN
5 5 9 M	TO B	US	67_					
		30. NAME AND ADDRESS OF PERSON WHEEL STATES AND ADD			M 27) (Type, Pr G.B.M.		5701	NOI
		FEB 06 1990	32. REGISTRAR'S SI	O. J.	0			
	1	L U U U J J U 5	TUKE WWW ason-	Tunal.	160			

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) CATHERINE

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

218-38-4221

VIRGINIA

5. SEX

1 - M 2 -XF

WILSON

STATE OF MARYLAND / DEPARTMENT OF HEALTH A

8. AGE (In yrs. lest birthday)

85

10c. CITY, TOWN OR LOCATION 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? X YES 2 NO 10f. ZIP CODE 21239 U.S.A. 10g. CITIZEN OF WHAT COUNTRY? V.S.A. 1.5 No	D / DEPA CERTII					MENTA	L HYGIEN REG. NO.	E					
Security (Way or Location of Death BALTIMORE 96. CITY, TOWN OR LOCATION BEATH BALTIMORE 106. CITY, TOWN OR LOCATION BALTIMORE 106. CITY, TOWN OR LOCATION BALTIMORE 106. CITY, TOWN OR LOCATION BALTIMORE 106. CITY, TOWN OR LOCATION BALTIMORE 107. CITY, TOWN OR LOCATION BALTIMORE 108. CITY, TOWN OR LOCATION BALTIMORE 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? LIMITS? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY OF WHAT COUNTRY OF WHAT COUNTRY OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY OF	10.					2. DAT	02-03-	90	YEAR			м	
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Baltimore 10f. ZIP CODE 10f. CITIZEN OF WHAT COUNTRY? 12 22 NO 21239 U.S.A. 10f. CITIZEN OF WHAT COUNTRY? U.S.A. 1.5 NAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No 1.6 RACE - American Indian, 19 1.6 RACE - American Indian,	ER				ON OF DE	ATH			NTY OF E		0.114		
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21239 U.S.A.	Baltimore 1X YE										YES 2 NO		
18. MAIL DOCUPATION 18. MAIL PROPERTY 18. MOTHER'S NAME (Frail, Middle, Maidlen Surraime) 18. MOTHER'S NAME (Frail, Middle, Middle, Maidlen Surraime) 18. MOTHER'S NAME (Frail, Middle, Middle, Maidlen Surraime) 18. MOTHER'S NAME (Frail, Middle, Middle,			157					100		WHAT C	OUNTRY?		
Homemaker 18. MOTHER'S NAME (First, Middle, Melden Surriame) Virginia Graft 1966. MAILING ADDRESS (Street and Number or Burst Rouse Number, City or Town, State, Zip Code) Dunds Ferry Rd. Linthicum, Md. 21090 20c. LOCATION City or Town, State 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 23. NAME AND ADDRESS OF FACILITY 246. WAS AN AUTOPSY PROMISE interval Battween Onset and Death NAME AND ADDRESS OF FACILITY 246. WAS AN AUTOPSY PROMISE	ARMED	13.	WAS DEC	ENDENT (OF HISPAN	n, Puerto			14. RAC Blac	k, White	, etc.		
19b. MAILING ADDRESS (Street and Number or Paral Foute Number, City or Town, State Zip Code) Onds Ferry Rd. Linfhicim Mt. 21090 ACC of DISPOSITION (Name of commetey, commatory or Cathedral Cemetery 2-6-90 Balto., Md. 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md., 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md., 24a. WAS AN AUTOPSY PRODUCE of Interesting in the underlying cause given in Part I. HYPOTENSION NECOUENCE OF): ASCULAR DISEASE INSEQUENCE OF): Interestiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRODUCE ANALIABLE PRIOR TO COMPLETION OF CAUSE OF BEATHY 1 YES 2 NO 25b. TIME OF INJURY AT 26c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO AND HOME, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, Stein) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SI	(Give kind a life. Do NOT	f work done use retired.)	during mo		ng	16	b, KIND OF BUS	BINESS/INC	DUSTRY				
199. MAILING ADDRESS (Street and Number of Paral Floure Number, City or Rown, State, Zip Code) 210. LOCATION — City or Town, State or places of pissostrion (Name of cometery, crematory or Cathedral Cemetery 2–6–90 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 a death. Do not enter the mode of dying, such as cardiac Dr respiratory arrest, line. HYPOTENSION NECUENCE OF): NECUENCE OF): NECUENCE OF): NECUENCE OF): NECUENCE OF): NECUENCE OF): NECUENCE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. THEFT: 4 Numring Home 5 Residence 6 Other (Specify) 29. TIME OF INJURY AT I YES 2 NO NECUENCE AND INJURY AT I YES 2 NO NECUENCE OF STATE Security, office 291. LOCATION (Street and Number or Flural Flouris Number, City or Town, State of Check (North, Dey, Year) 292. LOCATION, Cityer and Number or Flural Flouris Number, City or Town, State of Resided. 294. DATE SIGNED (Month, Dey, Year) 295. LICENSE NUMBER 296. DATE SIGNED (Month, Dey, Year) 296. LICENSE NUMBER (ITEM 27) (Type, Print)	HOME	north Car		18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)					
Onds Ferry Rd., Linfhicm, Md. 21090 ACE OF DISPOSITION (Name of cometery, crematory or or place) Cathedral Cemetery 2-6-90 Balto., Md. 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21216 a death. Do not enter the mode of dying, such as cardiac or respiratory arrest, line. HYPOTENSION NECUENCE OF): //ASCULAR DISEASE NECUENCE OF): Interval Baltween Onset and Death DITERSHIP (Check only one) 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25b. TIME OF LOCATION (Check only one) OTHER: 4 NORK? 26c. INJURY AT WORK? MORK? 1 YES 2 NO AND A COUNTY AT WORK? 1 YES 2 NO AND A CEMENT OF CAUSE OF DEATH (Check only one) 25b. TIME OF LOCATION (Street and Number or Flural Flourite Number, City or Nown, Siete) AND AND A CEMENT OF CAUSE OF DEATH (Check only one) 26c. INJURY M 1 YES 2 NO AND A CEMENT OF CAUSE OF DEATH (Check only one) 26d. DESCRIBE HOW INJURY OCCURED AND A CEMENT OF CAUSE OF DEATH (Check only one) 26d. DESCRIBE HOW INJURY OCCURED AND A CEMENT OF CAUSE OF DEATH (Check only one) 26d. DESCRIBE HOW INJURY OCCURED AND A CEMENT OF CAUSE OF DEATH (Check only one) 26d. DESCRIBE HOW INJURY OCCURED AND A CEMENT OF CAUSE OF CAUS	10h MAII II	IC ADDRES	C /Street s					e State 7is	n Code)				
Cathedral Cemetery 2-6-90 Balto., Md.	onds I	erry	Rd.	. lin	thicu		21090			- 20			
Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 2121/ a death. Do not enter the mode of dying, auch as cardiac Dr respiratory arrest, line. HYPOTENSION NSEQUENCE OF): ASCULAR DISEASE NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): NSEQUENCE OF): 1	Cathe	dral	Cem	eter	y 2-	6-90	Ba		1.00		ifa.		
Approximate interval Batween Onset and Death HYPOTENSION NECOUENCE OF): //ASCULAR DISEASE NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): NECOUENCE OF): 24a. WAS AN AUTOPSY PINDINOS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1		22	NAME A	ND ADDRE	SS OF FA	CILITY				•			
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NSEQUENCE OF): ASCULAR DISEASE NSEQUENCE OF): NSEQUENCE OF)	line.			da of dy	ing, auc	h aa ca	rdiac Dr reapi	ratory ar	rest,	- 1	interval Batw		
NSEQUENCE OF): Interesting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25b. TIME OF INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK? 1 YES 2 NO 27b. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 27c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	NSEQUENCE	OF):		SE.									
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28. PLACE OF DEATH (Check only one) 28. PLACE O	NSEGUENCE	OF):								į			
OTHER: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 4, death occurred at the time, data and placa, and dua to the cause(a) and menner as stated. 4/or Investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	not resulting	j in the u	nderiyin	g cause	given in	Part i.	PERFOR	RMED?	24	COMP OF DE	ABLE PRIOR TO LETION OF CAUS ATH?		
28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28c. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28c. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28c. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28c. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28c. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)		ОТНЕ		LACE OF I	DEATH (Ch	neck only	one)						
281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 284. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 285. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 286. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 287. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 288. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 289. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)	28b. T	IME OF	28c. IN.	JURY AT ORK?		4		NJURY OC	CURED			_	
d/or Investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 27d. Type, Print)	At home, fam	, street, fac							or or Rural	Route N	umber,	_	
(ITEM 27) (Type, Print)				ing!						(a) and r	nanner as state	d.	
(ITEM 27) (Type, Print) G.B.M.C. 6701 NORTH CHARLES STREET				29c. LIC	ENSE NU	MBER		29d. DA					
	(ITEM 27) (Ty	pe, Print) M. C.	671	01 N	ORTH	СНА	RIFS S	TRFF	r				

DHMH-16 Rev 1/89

BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN					
- 1	1. DECEDENT'S NAME (First, Middle, Last)	Joseph	A. A.	Zack		2. DATE OF DEATH	MAY YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BII	ATHPLACE (State or Foreign unity) Maryland			
TOR		90. FACILITY NAME (If not Institution, give street and number) University Hospital Baltimore City									
DIRECTOR	10e. STATE 10b. COUNTY Maryland		10c. CIT	y, town or Locat Ba	ltimore	City		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	3312 Batavia Ave				ZIP CODE 212		United	F WHAT COUNTRY? J States			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		NIC ORIGIN? (Specify Ya nn, Puerto Ricen, etc.) y:	В	ACE — American Indian, lack, White, atc. Decity: White			
LETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12)		(Give kind of a life, Do NOT us	USUAL OCCUPATION work done during mose retired.)	DN st of working	16b. KIND OF BU	SINESS/INDUSTR	Y			
COMPLET	12 17. FATHER'S NAME (First, Middle, Lest) Joseph		Zack	uction	16. MOTHER'S NA	ME (First, Middle, Maiden		t Known)			
TO BE	19e. INFORMANT'S NAME (Type/Print) Alice M. Zack		19b. MAILING		nd Number or Aural	Route Number, City or Tov Baltimore	vn, State, Zip Code)				
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	val from State		SITION (Name of cer		20c. LC	OCATION — City of				
	21. SIGNATURE OF FUNERAL SERVICE LICE Millon -	Milton J	Knight Jr	•	ard J. Ri		Baltimo	21214 re, Maryland			
	23. PART I. Enter the diseases or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on a	sch line.					Approximate interval Between Onset and Deeth			
NOI	resulting in death) s. MULT DREAM STREM PHILUTE 2 WALL DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA SEPSIS 2 week Sequentielly list conditions,										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	n:	DANNER	A SOCIAL	MARI	Me			
AL	PART II. Other algnificent conditions	contributing to death b	ut not resulting	in the underlying	cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	told ex	usin	of mas	ACE OF DEATH (C)	heck only one)		1 YES 2 10 MO			
HYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOS ITAL: 1	28b. TIN	E OF 28c. INJ		6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED				
ED BY F	1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm,	M 1 🗆	YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETE	290. CERTIFIER (Check only	IAN: To the best of my know									
BE CO	29b. SIGNATURE AND TITLE OF CENTRICA	t: On the beste of examinatio	n end/or investigation	on, in my opinion, c	29c. LICENSE NU			NED Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO	STURA	ATH (ITEM 27) (Type		1871 S	DIV- DI	NEV	vpo surgers			
	TEB 06 1990	32. REGISTRAR'S SIGN	ATURE								

1	-	STATE REGISTR	Al
Γ	1. D	ECEDENT'S	N

. DECEDENT'S NAME (First, Middle, La	st)						2. DATE O	OF DEATH	Y	YEAR	3. TIME OF	DEATH	
REDMOND BAI	NES						2-5	-90 [™]		v metra	10:	35	P
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)			-	7. DATE C	F BIRTH Day, Year)		8. BIRTH Count	IPLACE (State	or Forei	gn
217-24-0443	12 M 2 D F	61	YRS.	MONTHS DAYS	HOURS	MIN.		29-2	8	Nor	th C	aro	1:
e. FACILITY NAME (If not institution, gir	re atreet and number)			96. CITY, TOW	OR LOCATI	ON OF DE				INTY OF D	EATH		
CHURCH HOSPI	TAL CORE	PORATION	V	BALT:	IMORE	CI	TY						
RESIDENCE OF DECEDENT	NTY	10c. CITY, TOWN OR LOCATION							1 404			CITY	
MD.											LIMITS	17	0
0e. STREET AND NUMBER					101. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNT		_
404 S. CONKI	ING STRE	ग्रम्			212	21				U.S.	Α.		
1. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. ARI	MED		ECENDENT (OF HISPAN		(Specify Yea	or No-	14. RAC	E — America	n Indien	
Never Married 2 Married Midowed 4 Divorced	FORCES? IF YES, GIVE	1 YES 2 N	10		apacity Cube ES ZXXNO			lcan, atc.)		Spec	k, White, atc. #y: Whi		
15. DECEDENT'S E	DUCATION	18a. DE	CEDENT'S	B USUAL OCCUPA	TION		16b.	KIND OF BUS	BINESS/IN	DUSTRY			_
(Specify only highest gr Elementary/Secondary (0-12)	ade completed) College (1-4 or 5	i+) Iffe.	Do NOT	work done during use retired.)									
7 Yrs		Cor	ıstr	cuction	For	emai	n I	nters	tat	e Ar	nesit	е	
7. FATHER'S NAME (First, Middle, Last)					18, MOT			liddle, Melden			. 1		
George Ernes	t Baines							e Lul			тХ		
oa.INFORMANT'S NAME (Type/Print) Darlene Barne	++			G ADDRESS (Street				er, City or Tow Baltc			21214		
								_					_
De. METHOD OF DISPOSITION Decrease 2 Cremetton 3 F	emoval from State	other pla	200)	OSITION (Name of							own, Stata		
Donation 8 Other (Specify) _	LICENSEE	— Dula	ney	Valle	AND ADDRE			Ba	lt1	more	e, MD		
A STATE OF THE SERVICE													
23 PART I Enter the diseases		owel	eth Do	100	lly &	Ze	rn A	, Inc	D	21+0	-MD	212	23
23. PART I. Enter the diseases, abook or heart fellu IMMEDIATE CAUSE (Final disease or condition	or complications the	et caused the da	la	not antar tha	11y &	Ze	rn A	uonuo	D	21+0	Appl Inter	OME 212 roximat val Bet et end l	a we
ahock, or heart fellu	or complications the re. List only one ca	at caused tha da	NAR	not anter the i	11y &	Ze	rn A	uonuo	D	21+0	Appl Inter	2.1.2 roximat vai Bet	a wei
ahock or heart fellu IMMEDIATE CAUSE (Final disease or condition reaulting in death)	or complications the re. List only one ca	nat caused tha da ause on each line LOPULMOI O (OR AS A CONSEC	VAR	not antar tha i	lly & Die State of dy ST	Ze:	h aa card	venue	ratory a	reat,	Applinter Onse	2.1.2 roximat vai Bet	a wei
ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition	a. CARDI	net caused the datase on each line OPULMOI O (OR AS A CONSECTED CHROI	VARY	not antar tha in Y ARRES	lly & D1 Famoda of dy	Ze ste ing, suc	h sa card	Venue lac or reapi	DIS	SEAS	Applinter Onse	2.1.2 roximat vai Bet	a we
ahock or heart fellu IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	a. CARDI DUE T B. SEVER WITH	DOPULMOI O (OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF	NARY DUENCE (NIC DUENCE (BAT.	y ARRES	lly & D1 Famoda of dy	Ze ste ing, suc	h sa card	venue	DIS	SEAS	Applinter Onse	2.1.2 roximat vai Bet	a we
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i retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the libe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If I item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical example. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after an

notified at once.

MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Sulia Sairdson-Randell

DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part this certificate has been signed by the attending physician and completely filled in hours, after death with the State hand of the attending physician and completely filled in hours, after death with the State hand of the attending physician and completely filled in hours, after death with the State hand of the attending physician and completely filled in hours, after death with the State hand of the attending physician and completely filled in hours, after death with the State hand of the attending physician and completely filled in hours, after death with the State hand. IMPORTANT

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RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, just 5 should be uncompletely filled in by the funeral director, just 5 should be uncompletely filled in by the funeral director.		. If hem 22 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DR. ERIC KHATRALLAH

TO BE COMPLETED BY FUNERAL DIRECTOR

DECEDENT'S NAME (First, Middle, Last) SOCIAL SECURITY NUMBER 5. 5	EUGENE	D DOI:			2. DATE OF DEATH		3. TIME OF DEATH
The state of the s	EUGENE				MONTH D	AY YE	
The state of the s	0FV 0 10F	BROWN				1,1990	1; 25 p.
10-03 3007	96 2 OF 7	3 YRS. MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-27-	16 W	HATHPLACE (State or Foreign Country)
. FACILITY NAME (If not institution, give street a		91	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
MARYLAND GENERAL H	HOSPITAL		BALTI	MORE CIT	ry		
MARYLAND 106. COUNTY			OWN OR LOCATE	ON			10d, INSIDE CITY LIMITS? 1 PS 2 NO
STREET AND NUMBER	111: <	-+	101.	ZIP CODE	C	10g. CITIZEN	OF WHAT COUNTRY?
724 W, FRAMI MARITAL STATUS 12.	WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECE	HOENT OF HISPAN	IIC ORIGIN? (Specify Yes	W No _ 14 1	RACE — American Indian.
Never Married 2 Married	FORCES? 1 YES	2 ANO	If yea, spe		n, Puarto Rican, atc.)	14.	Block, White, etc.
15. DECEDENT'S EDUCATIO (Specify only highest grade comp		18a. DECEDENT'S US	UAL OCCUPATIO	N t of working	16b. KIND OF BU	SINESS/INDUST	RY
	ollege (1-4 or 5+)	(Give kind of worl life. Do NOT use n	etired.)	t or working			
FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NA	ME (First, Middle, Malden	Surnamet?	
EARNEST	BROWN	/		Lill	in (MAI	no
L INFORMANT'S NAME (Type/Print)	2	19b, MAILING AD	DRESS (Street ar	d Number or Rural I	Route Number, City or Tow	m, State, Zip Cod	1000
A. METHOD OF DISPOSITION	eoux	08/8/	PERN	hillA	De BALL	10,711	0.01215
Burial 2 Cremation 3 Removal Donation 8 Other (Specify)	from State	other place)	ON (Name of com	etery, crematory or	20c. LC	CATION — City	or Town, State
BIGHATURE OF FUNERAL SERVICE LICENS	EE	111.0	22. NAME AN	D MODRESS OF FA	CHOTY	1/7/	- 1 Home
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moseph J	· Kuss		123	2 KUN	ONTO AV	e, BAI	to mdi 2/2
3. PART I. Enter the diseases, or comp shock, or heert fellure. Liet			enter the mod	ie ot dying, suc	n es cerdiec or reep	iratory arrest,	Approximata Interval Betwe
MEDIATE CAUSE (Finel sease or condition	DIMENICTIVE	TIEMODDII A	- 11 -	**DDED G			Onset and Dea
sulting in death)	DUE TO (OR AS	HEMORKHAG	E WITH	UPPER GA	ASTROINTES	TINAL	
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equentially list conditions, any, leading to immediate		A CONSEQUENCE OF):	14				
AUSE (Disease or Injury							
eat initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
d							
ART II. Other aignificant conditions co	ontributing to death i	out not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
					1 YES	- 1	COMPLETION DF CAUSE OF DEATH?
							1 TYES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	C	26. PL	ACE OF DEATH (Ch	eck only one)		
1.4	Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Home		8 Other (Specify)		
MANNER OF DEATH 1 Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO		28d. DEŞCRIBE HOW	INJURY OCCURE	ED
2 Accident Investigation		Y - At home, farm, stre	et, factory, office		281. LOCATION (Street	and Number or R	tural Route Number
I am and a sale as	building, etc. (Spe	ic(fy)			City or Town, State)	
2 Accident Investigation 3 Suicide 8 Could not be	building, etc. (Spe	icity)	at the time, data	and place, and due			

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Mushtaq A. S.
31. DATE FILED (Morith, Dey, Year)
FEB 07 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Davidson American

Shah, M.D.

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	FOR	STATE OF M	MARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND N	MENTAL HYGIEN	E		
	1 - STATE REGISTRAR					E OF			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DA	NY.	YEAR	3. TIME OF DEATH
		Bowles							2 3		90	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	DAYS	# UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
	579-26-7942	1 □ M 2 XXF	78	YRS.	WONTHS	DAYS	HOURS	MIN.	Nov. 23,	191		
	9a. FACILITY NAME (If not institution, give s			9b. CIT	Y, TOWN O	R LOCATH	ON OF DE	ATH	9c. COU	NTY OF DE	EATH	
6	1066 Elca Ave.				La	ndove	er			Pri	nce (Geo.
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		L 40 - 077		OR LOCATI						
뿔							ION					10d. INSIDE CITY LIMITS?
	Maryland Prin	ce George	e's	Lan	dove							1XXYES 2 NO
FUNERAL						100	ZIP CODI					WHAT COUNTRY?
밀	1006 Elca Ave.						2901					States
립	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	MEO TO	13.	If yes, spe	cify Cube	n, Maxica	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	or No-	14. RACE Black	— American Indian, c, White, etc.
à	3 Nidowed 4 Olvorced	IF YES, GIVE W	WAR OR DATES	-		1 TYES	XX NO	Specify	r		Specif	Black
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL	CCUPATIO	N		16b. KINO OF BUS	INFSS/INC	DUSTRY	DIGGE
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G	ive kind of Do NOT u	work done	during mos	et of working	g			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	8th	College (1-4 or 5	+)		Dome	stic			Dr	ivat	۵	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				Date	SCIC	16. MOTI	HER'S NA	ME (First, Middle, Maiden			
	Hunter G. Brown								e Spears			
8	19a. INFORMANT'S NAME (Type/Print)		19	6. MAILING	ADDRES	S (Street or			Poute Number, City or Town	n State 7k	n Codel	
입		ke										
	Lula Brown Eubanks 837 Ridge St. Charlottesville, VA. 22901 206. METHOD OF DISPOSITION (Name of comotory, cromatory or 206. LOCATION — City or Town, State											
	2 Cremation 2 Cremation X X Removal from State Charlotteville, VA.											
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Oakw	2001		. NAME AN	O ADDRE	SS OF FA				uneral HOme
		111	1.1		- 1							
	Mmmy	10/	Jear.						Rd. Lando			20785
	23. PART Enter the diseases or shock, or heart failure.	complications the	t caused the de	eath. Do	not ente	r the mod	de of dy	ing, suci	h aa cardiac or respi	ratory an	reat,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	and only one	10 -				/		r 1 1.			Onset and Death
	disease/or condition resulting in deeth)		Cons	-ort	me	/	ne	w	Ja eu	Le		
	, , ,	DUE TO	ION AS A CONSE	OUENCE C	F):	1		-			_	
Z	Sequentially list conditions,	b	The	m	M	CSV	_		1			
RTIFICATION	If any, leading to immediate	DUE 10	HOH AN A CONSE	OUENCE O	F):	1	1	.6	10 /10	2 1	1000	2
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	UCW	on	<u>C</u>	00	16m	Urvi	my my	100		
⊭	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE C	NF):				0			
#	Tooling in doudly that	d.										
	PART ii. Other significant condition	ns contributing to	death but not	resulting	In the u	nderlying	Ceuse	given in			24b	WERE AUTOPSY FINOINGS
EDICAL		_							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 U YES 2	FLNO		DF DEATH?
≥									—			1 YES 2 NO
A A	25. WAS CASE REFERRED TO MEDICAL					26 01	ACE OF O	EATH ACL	eck anly one)			
SICIAN:	EXAMINER?	HOSPITAL:	7 5700-1-11-11	. (7,004	OTHE	R:						
PHYS	27. MANNER OF OEATH	28a. DATE OF		28b. TII		28c. INJ		esidence	6 ☐ Other (Specify) 28d. OE\$CRIBE HOW I	N.HIRY OC	CHREO	
	TV Netural 5 Pending	(Month, E			JURY	WO	RK?	(Xvo	N/A	100111 00	CONLE	
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE (OF INJURY — At he	ome, farm.	street, fe			-	28f. LOCATION (Street a	and Numba	r or Rumi f	Route Number
building, etc. (Specify) Lift or lown, State) City or lown, State) NT/N									•			
H	29a. CERTIFIER	37			10.55							
COMPL	(Check only								to the cause(a) and mai			1 2 = 535
Ö	Z MEDICAL EXAMINI	IN: On the basis of a	examination and/or	investigati	on, in my	opinion, de	eath occu	red at the	time, data and place, an	d due to ti	ne cause(a	a) and manner as stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R	Mar.	0	8-	/	29c. LIC	ENSE NUI	WBER	29d. DAT	TE SIGNED	(Month, Day, Year)
0		/	14 1	~	1		D3	40	18.	D	215	190-

6134 Landover Road Cheverly, MD. 20785

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) LYDE W. BATTS, SR. JAN 31 1990 3. TIME OF DEATH MONTH JAN 31 1990 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 9 UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 M 2 F F F F WORTH DAYS HOURS MIN. 3 - 21 - 9 32 6. SIRTHPLACE (State or Foreign Country) 1 TROTTOLER
A N	9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH
Ē	RESIDENCE OF DECEDENT 10e. STATE
- DIRECTOR	MD. BALTIMORE CITY 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2925 U. Ellicott DR 2/2/6 USA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify Cuban, Mexicen, Puerto Ricen, atc.) 14. RACE — American Indian, Black, White, atc. 15. YES 2 NO Specify: 1 YES 2 NO Specify:
	15. DECEDENT'S EQUICATION 168. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specify only highest grade completed) Elementary/Secondagy (0-12) College (1-4 or 5+) College (1-4 or 5+)
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surgerge)
BE C	ELWOOD BATTS ESTELLE HAWTHORNE
5	196. INFORMANT'S, NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2925 W. Ellicott DR. 18417, MD
	20e_METHOD OF DISPOSITION 1 Commetted a line of the properties of
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LICENSEE 23. NAME AND ADDRESS OF FACILITY LICENSEE 24. NAME AND ADDRESS OF FACILITY LICENSEE 25. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 27. NAME AND ADDRESS OF FACILITY LICENSEE 28. NAME AND ADDRESS OF FACILITY LICENSEE 29. NAME AND ADDRESS OF FACILITY LICENSEE 21. NAME AND ADDRESS OF FACILITY LICENSEE 21. NAME AND ADDRESS OF FACILITY LICENSEE 22. NAME AND ADDRESS OF FACILITY LICENSEE 23. NAME AND ADDRESS OF FACILITY LICENSEE 24. NAME AND ADDRESS OF FACILITY LICENSEE 25. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 27. NAME AND ADDRESS OF FACILITY LICENSEE 28. NAME AND ADDRESS OF FACILITY LICENSEE 29. NAME AND ADDRESS OF FACILITY LICENSEE 29. NAME AND ADDRESS OF FACILITY LICENSEE 20. NAME AND ADDRESS OF FACILITY LICENSEE 20. NAME AND ADDRESS OF FACILITY LICENSEE 20. NAME AND ADDRESS OF FACILITY LICENSEE 20. NAME AND ADDRESS OF FACILITY LICENSEE 20. NAME AND ADDRESS OF FACILITY LICENSEE 20. NAME AND ADDRESS OF FACILITY LICENSEE 20. NAME AND ADDRESS OF FACILITY LICENSEE 21. NAME AND ADDRESS OF FACILITY LICENSEE 22. NAME AND ADDRESS OF FACILITY LICENSEE 23. NAME AND ADDRESS OF FACILITY LICENSEE 24. NAME AND ADDRESS OF FACILITY LICENSEE 25. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF FACILITY LICENSEE 26. NAME AND ADDRESS OF
	Mayore D' Nory 2501 Guynns FAILS, PKWY BISTE.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. Cardio See See See See See See See See See Se
z	DUE TO (OR AS A CONSEQUENCE OF): (D) VC 95 Live ARAC ARLUNG
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
TIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST
CER	d
CAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 24b. WERE AUTOPSY FINDINGS AMAILBLE PRIOR TO
EDIC	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
. W	1 Tes 2 No
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
HYS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
ВУ Р	1 Neturel 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, atrest, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Yown, State)
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner es stated.
8	29b. SIGNATURE AND TITLE DF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Moritly Day, Year)
10	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ODER LUVY (1. MM (4200 a 2 Mm) M SON LO
	31. DATE FILEO (Month Ond Mar) FEB 07 1990 June 1990 Jun

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

be retained by the hospital or attending physician.

OHMH-16 Rev 1/89

3. TIME OF DEATH

DHMH-16 Rev 1/89

12:50A

1990

2. DATE OF DEATH MONTH DAY JANUARY 31,

œ	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled In by IIII be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HYS	his o
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

GARY

Bruce

BUTLER

	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. Id		IF UNDER 1 YE		UNDER 24 HRS. URS MIN.	7. DATE	Day, Year)		8. BIRTHPLA Country)	NCE (State or Foreign
11	248-05-2921	1,X M 2 □ F	6	8 YRS.	months DA	HO	Una MIN.		31, 1	921		h Carolin
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, 101	VN OF LC	CATION OF D	EATH		9c. COUN	TY OF DEAT	н
DIRECTOR	THE JOHNS I	OPKINS H	OSPITAL		BAL	TIMO	RE CI	ΓY		B.	ALTIMO	ORE
	10a. STATE 10b. COUNT	Υ			Y, TOWN OR LO						100	d. INSIDE CITY
	Maryland			Ba	ltimore	2					1 5	LIMITS? YES 2 - NO
	10e. STREET AND NUMBER					101. ZIP	CODE			10g. CITIZ	EN OF WHAT	T COUNTRY?
	2405 Calverton H	eiahts Ai	e.			21.	216			u.s	.A.	
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO			ENT OF HISPA			or No-	14. RACE — Black, W	American Indian, hite, atc.
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	World Wa	YES 2 AR OR DATES				NO Specif				Specify:	Black
	15. DECEDENT'S EDU	CATION		ECEDENT'S	USUAL OCCU	PATION		16b.	KIND OF BUS	SINESS/INDI		DIACR
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of a. Do NOT u	work done during se retired.)	g most of	working					
	High School			ectr	ic Tecl	mic	ian	l l	Vestin	a Hou	ISP	
	17. FATHER'S NAME (First, Middle, Last)		1 21		2001		MOTHER'S NA			_		
1	Gary B. Butler,	Sr.										
	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Str	eet and N	umber or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	
-	Bernice P. Butl	er	2	2405 (Calver	ton 1	Height	s Ave	2. B	altim	ore.	MD 21216
	20e. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremetion 3 □ Ren	noval from State	20b. PLACE other p	OF DISPO	SITION (Name of	f cemeter)	y, crematory or		20c. LO	CATION —	City or Town,	State
	4 Donation 5 Other (Specify)		Garri	son j	Forest	Vet	eran C	em.	Ba1	timor	e, Ma	ryland Iomes Inc.
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22, NAM 2501	E AND A	DDRESS OF FA	CILITY 1	utter	Fune	ral H	omes Inc.
	Herber 2	. Nut	ter.		Ba1 1	imo	re, Ma	rulai	1 kwy.	216		
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications the	t caused the d	leath. Do	not entar tha	mode o	of dyling, suc	ch as card	liac or respi	ratory arr	eat,	Approximata interval Between
1	IMMEDIATE CAUSE (Final										Onset and Deal	
	disease or condition resulting in death)		VAIP	Meum	1 Sina	Cer	larde	las	ala	Acar	Deat	1/12 when
	,	DUE TO	(OR AS A CONS	EQUENCE O	NF):		1 - 1 -	,		1		111 1
	Sequentially list conditions,	b. [DH AB	USE	* /	711	141)01	4				1/2 6/47
	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSI	EQUENCE O	NF):		Λ Λ	0	4			11/2 41
2	CAUSE (Disease or injury	c. DUE TO	(OR AS A CONS	EQUENCE O	May UC	noa	yaz L	Jana	ent.			
=	that initiated events resulting in death) LAST	_	(,							!
₹ II		d										
CERI			afanath back mad	manufelma								
ပျ	PART II. Other algorificant condition	ns contributing to	death but not	resulting	In the under	fying ca	use given in	Part I.	24a. WAS AN PERFOR			
ပျ		ns contributing to	death but not	resulting	In the under	fying ca	use given ir	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	AM CC	ERE AUTOPSY FINDING WILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
EDICAL C		ns contributing to	death but not	resolung	In the under	fying ca	use given ir	Part I.	PERFO	RMED?	AM CC OF	AILABLE PRIOR TO OMPLETION OF CAUSE
N: MEDICAL CERTIFI		ns contributing to	death but not	resulting	In the under	tying ca	use given ir	Part I.	PERFO	RMED?	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
EDICAL C			death but not	resulting	2		OF DEATH (C		PERFOI	RMED?	AM CC OF	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
CIAIN. MEDICAL C	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HÖSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHER:	6. PLACE	OF DEATH (C	heck only or	PERFOI 1 YES 2 99 1 (Specify)	NO NO	AM CC OF	MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
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D BY PRISICIAN: MEDICAL C	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inputent 2 28e. DATE Of (Month, L) 28e. PLACE C	☐ ER/Outpetient	3 DOA	OTHER: 4 Nursing ME OF 266 JURY M 1	6. PLACE Home 5 INJURY WORK?	OF DEATH (C	heck only or 6 Other 28d. DE:	PERFOI 1 YES 2 99 1 (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AM CC OF	MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inputent 2 [28a. DATE (Month, I) 28a. PLACE (building)	ER/Outpetient FINJURY Joy, Vicery JOF INJURY — At I. etc. (Specify)	3 DOA 28b. Till iN nome, farm,	OTHER: 4 Nursing ME OF JURY M 1 street, factory,	Home 5: INJURY WORK? YES	OF DEATH (C Residence AT 2 NO	heck only or 6 Othe 28d, DE: 26f, LOC City	PERFOI 1 YES 2 T (Specify) CRIBE HOW ATION (Street or Town, State)	NJURY OCC	CURED or Rural Rout	MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
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AN: MEDICAL C	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 28a. DATE: (Month, I.) 28a. PLACE (building) SICIAN: To the best of e	ER/Outpetient FINJURY — At I etc. (Specify) of my knowledge, oxamination and/o	3 DOA 28b. Till IN nome, farm, death occur r investigati	OTHER: 4 Nursing ME OF JURY M 1 street, factory, red at the time, ion, in my opini	Home 5 NJURY WORK? YES office date and	OF DEATH (C Residence AT NO Place, and du	6 Other 28d. DE:	PERFOI 1 YES 2 T (Specify) CRIBE HOW I ATION (Street or Yown, State) ise(e) and me end place, at	and Number	CURED or Rural Rout ed.	MILABLE PRIOR TO MANUAL TO TO MANUAL TO TO MANUAL TO MAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

JR.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should to determine filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified as near	the	ŧ	:	ei.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.	Œ	Đ		ÿ
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	e ret	65		100
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus	nay t	pag,		t be
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diffied within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner	9 9	rector		E P
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examples.	Pag.	ral di		iner
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, crems IPORTANT; If item 28 is marked, or Item 23 shows any Injury, or other traumatic event,	24	y fille	rtion,	the
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and confided within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic expenses.	withir	npletel	crema	vent,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exer THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician an filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to b IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumal	cuted	d con	urial,	lic e
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific THE FUNERAL DIRECTOR: After this certificate has been signed by the attending planed within 72 hours after death with the State Dept. of Health and Mental Hygiene IPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other	ate b	hysici	prior	r tra
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of THE FUNERAL DIRECTOR: After this certificate has been signed by the aftend filed within 72 hours after death with the State Dept. of Health and Mental HIPORTANT: If item 28 is marked, or item 23 shows any injury, or	ertific	ing pi	ygiene	othe
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that THE FUNERAL DIRECTION: After this certificate has been signed by filed within 72 hours after death with the State Dept. of Health an IPORTANT: If I item 28 is marked, or Item 23 shows any	the de	the a	1 Men	Inlan
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires THE FUNERAL DIRECTOR: After this certificate has been sign filed within 72 hours after death with the State Dept. of Heal POSTANT: If Hem 28 is marked, or Item 23 shows	that	ed by	th and	amy
THE HOSPITAL OR ATTENDING PHYSICIAN; The law rec THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. of IPORTANT: If item 28 is marked, or item 23 sh	puires	ngis I	Heal	DWS
THE HOSPITAL OR ATTENDING PHYSICIAN: The la THE FUNERAL DIRECTOR: After this certificate has filed within 72 hours after death with the State Del IPORTANT: If Item 28 is marked, or Item 2.	w rec	beer	pt. of	3 sh
THE HOSPITAL OR ATTENDING PHYSICIAN: THE FUNERAL DIRECTIOR: After this certificat fied within 72 hours after death with the Stat IPORTANT; If Item 28 is marked, or Ite	he la	e has	e De	E 2
THE HOSPITAL OR ATTENDING PHYSICI, THE FUNERAL DIRECTOR: After this cert filed within 72 hours after death with the PORTANT: If Item 28 is marked, o	AN: 1	ificat	Stal	r Ite
THE HOSPITAL OR ATTENDING PH THE FUNERAL DIRECTION: After this filed within 72 hours after death wi IPORTANT: If them 28 is marke	YSICL	s cert	中中	d, 0
THE HUSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: Aff filed within 72 hours after dee IPORTANT: If Item 28 Is in	G PH	er this	ith wi	sarke
THE FUNERAL DIRECTOR filed within 72 hours afte PORTANT: If teem 28	NON	R: Aft	r dea	95
THE HOSPITAL OR THE FUNERAL DIRIUM AITHIN 72 HOURING PROPERTIONS. If Item	ATTE	ECTO	s afte	1 28
THE HOSPITA THE FUNERAL filed within 72	L OR	DIR!	hour	Hen
THE HOR THE FUN filed with	SPITA	ERAL	III 72	TE III
生生素 5	E FG	E FUN	1 with	HTAN
5583	E P	HU	be file	MPO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

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BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH FEBRUARY DAY 1, 1990 WILLIAM BRUNSON, JR. 9:12A 4. SOCIAL SECURITY NUMBER 8. AGE (In vrs. lest birthday) 5. SEX 7. OATE OF BIRTN IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 6/25/38 DAYS HOURS 1 📈 M 2 🗌 F 212-34-9299 MD 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 1 X YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1335 EDEN STREET 21213 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK E 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
[Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) Collega (1-4 or 5+) 10th DISABLED NA 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surneme) WILLIAM BRUNSON, SR. BESSIE BENNETT 38 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Goda) 0 LORRAINE BELL 2733 GUILFORD AVENUE/BALTIMORE. MD 20g. METHOD OF DISPOSITION
1 N Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametary, cremetory or 20c. LOCATION - City or Town, State WESTERN STAR CEMETERY CATONSVILLE. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ladio WM. C. MARCH F/H 1101 E. NORTH AVENUE Warren 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease pr condition Carcinoma 89 reaulting in death) QUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF GEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data end place, and due to the ceuse(e) and manner se stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE marin MD Kallour

DR. LORRAINE A. MARIN THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205T

TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
)	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral direct page 5 mould be netache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions are a product to the tentral directions.
death, Pages, manuscreament by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pager machine that the hosp

	1 - FOR STATE OF STAT	F MARYLAND		MENT OF H			GIENE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH	MEAR	3. TIME OF DEATH	
	LAURA E. BAUERNSCHMID						RY 5,1			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. i	Mr.	HUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BII (Month, Day,	4, 190	8. Bif	RTHPLACE (State or Foreign untry)	
	216-36-8735 1 M 2 🖫	0,7	YRS.	CITY TOWN O	R LOCATION OF DE				INNESOTA	
DIRECTOR	MERIDIAN NURSING HOME			CATONS						
EC	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION				10d, INSIDE CITY	
	MARYLAND BALTIM	ORE		ATONSV					1 Tes 2 No	
FUNERAL	100. STREET AND NUMBER			101	ZIP CODE		10g. (F WHAT COUNTRY?	
	405 LOCUST DRIVE 11. MARITAL STATUS 12. WAS DECE			1	21228			_	S.A.	
B	1 Mount Married 2 Married FORCES?	DENT EVER IN U.S. / 1 YES 2 T /E WAR OR DATES		If yes, spe	ENDENT OF HISPANI ocity Cuben, Mexicar 2 XNO Specify:	, Puerto Rican,		BI	ACE — American Indian, lack, White, etc. pacify: WHITE	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. C	DECEDENT'S US	UAL OCCUPATIO	ON st of working	16b. KIND	OF BUSINESS	INDUSTR	7	
COMPLETED	Elementery/Secondary (0-12) College (1-4 c	r 5 +1 .	USEWIFE	k done during mo etired.)	at or working	OWN	HOME			
OME	8 17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle,	Malden Surnem	e)		
BE C	JOHN PATT				LOUISE	WENTLA	AND			
TO B	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural R					
	IRIS EBBERTS				IVE, CATON				228	
	20e, METHOD OF DISPOSITION 1 Strice 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other	place)	ON (Name of center)	netery, crematory or			LOCATION — City or Town, State ALTIMORE, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	LUU.	DON PAR		LEKI ID ADDRESS OF FAC	CILITY	DALITE	ione,	TIAKTLAND	
	Kumuan.	The							UNERAL HOMES LLE, MD.21228	
	23. PART I. Enter the diseases, or complications	that caused the	death, Do not						Approximats	
	ahock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)			e pula	nonary	cder	na		Interval Between Onset and Death	
CERTIFICATION	Cause, Enter UNDERLYING CAUSE (Disease or injury	E TO (OR AS A CONS		lung	infilte	ate				
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contribution	g to death but no	t resulting in	the underlying	g cause given in		WAS AN AUTOP PERFORMED?] YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Che	ack only one)				
SICI	EXAMINER? HOSPITAL	: 2 DER/Outpatient	3 🗆 DOA 4	THER:	e 5 Residence		icffy)			
	1 Natural 5 Pending (Mor	E OF INJURY th, Day, Year)	28b. TIME	OF 28c. INJ			E HOW INJURY	OCCURE		
TED BY	3 Sulcide 28e. PLA	CE OF INJURY — At ding, etc. (Specify)	home, ferm, str	eet, factory, offic	•	28f. LOCATION City or Tox	(Street end Nur vn, State)	mber or Ru	ral Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be								se(e) end manner ee stated.	
BE	29b. SIGNATURE AND TURE OF CENTIFIER	1 - M.			DIA9	ABER 7	29d.	DATE SIG	VED (Mogth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED JOHN SHAW M.D. 5800 EI	MONDSON			OR, MD.	21228		1		

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OTTO INTERIOR	CERTIFIC		DEATH	INEN IA	REG. NO.	-		
1. DECEDENT'S NAME (First, Middle, Last)		192			2. DATE	OF DEATH	v v	3. T	TIME OF DEATH
JAMES	LEONARD B	LUEFORD,	JR.		FEB		1990		M
4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE		F UNDER t YEAR	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)	6.	BIRTHPLAC	CE (State or Foreign
220-36-0549	X-X ^{M 2} □ F 49	YRS.	ONTHS DAYS	HOURS MIN.		CH 30	,1940		RYLAND
9e. FACILITY NAME (If not institution, give street	et and number)	9	b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNTY	Y OF DEATH	1
8550 BEACON PO	INT DRIVE		PAS	ADENA			ANNI	E ARI	UNDEL
10e. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCA	ATION				10d	. INSIDE CITY LIMITS?
	ARUNDEL			SADENA					YES X NO
10e. STREET AND NUMBER	NE DETTE		1	of. ZIP CODE			O(17)		COUNTRY?
8550 BEACON POI	NI DKIVE 12. WAS DECEDENT EVER I	N II S. ARMED	13 WAS DE	212; CENDENT OF HISPAI		N? (Specify Vec		S.A.	American Indian,
1 Never Merried 2 Amerried 3 Widowed 4 Divorced	FORCES? 1 YES	2 TNO	If yes, s	pecify Cuben, Mexica S XIX NO Specif	nn, Puerto I	Rican, etc.)		Black, Wh Specify:	
15. DECEDENT'S EDUCAT (Specify only highest grade co.	FION (mpleted)	16a. DECEDENT'S US (Give kind of wor	k done during n	TION nost of working	16b	. KIND OF BUS	INESS/INDUS	STRY	
	College (1-4 or 5+)	ilin. Do NOT use i	retired.)	-					
	none	MATERI	AL HA	_				SPICE	COMPAN
17. FATHER'S NAME (First, Middle, Meidle, Surname) 18. MOTHER'S NAME (First, Middle, Meidlen Surname) 19. MOTHER'S NAME (First, Middle, Meidlen Surname) 19. MOTHER'S NAME (First, Middle, Meidlen Surname) 19. MOTHER'S NAME (First, Middle, Meidlen Surname) 19. MOTHER'S NAME (First, Middle, Meidlen Surname)									
JAMES LEONAR!	D BLUEFO		DORESS (Street	end Number or Rural					THOM.
EVA L. BLUEFOR	D	LI L-IIII	ME AS	10 a-e		on, ony or rown	, ound, Ep or	000)	
20e. METHOD OF DISPOSITION	at trace State	b. PLACE OF DISPOSIT other place)	ION (Name of c			20c. LO	CATION — CIF	y or Town,	State
1 ☐ Burlel 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	10.			METERY		BAL	TIMOI	RE, MA	ARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISHE		22, NAME	AND ADDRESS OF FA		CULL	Y FUI	NERAI	L HOME
Shane	Sauce	rge	3204	MOUNTA					
23. PART I. Enter the diseases, or cor ahock, or haart failure. Lis		ech line	t antar tha m	oda of dying, suc	ch aa car	diac or respi	ratory arres		Approximata Intarval Between
IMMEDIATE CAUSE (Final		ACU	TE MY	OCARDIA	- /	VFARCI	ION	ļ	Onset and Death
disease or condition resulting in death) a.	Ceru	u m	you	whenf	de	Mars	tim	Ĺ	
	DUE TO (OR AS	A CONSEQUENCE OF	CO	RONARY	ART	ZRY DI	SEAS	E ¦	
Sequentially list conditions, 6.	Cor	many	us	tery	Br	ren	<u>د</u>		
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):		0				i	
CAUSE (Disease or Injury C.	DUE TO (OR AS	A CONSEQUENCE OF):					-		
that initiated eventa resulting in death) LAST								1	
d.									
PART II. Other significant conditions	contributing to death i	but not resulting in	the underlyi	ng cause given in	Part I.	24s. WAS AN PERFOR			RE AUTOPSY FINDINGS JLABLE PRIOR TO
						1 TES 2	NO		MPLETION OF CAUSE DEATH?
								10	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 1	26. OTHER:	PLACE OF DEATH (C	heck only o	nne)			
	I ☐ Inpetient 2 ☐ ER/Out			ome 5 Pesidence	6 🗆 Othe	er (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	RY V	NJURY AT YORK?	26d. DE	SCRIBE HOW I	NJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, str ecify)	eet, factory, of	lice		CATION (Street a or Town, State)	and Number or	Rural Route	Number,
200 CERTIFIED									
(Check only one) 1 CERTIFYING PHYSICH 2 MEDICAL EXAMINER:	AN: To the best of my known on the basic of examination								d menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			,			- See Francial and			
290. SIGNATURE AND TITLE OF CERTIFIER	1.1			29c. LICENSE NU	HIDER	-/	ZVd. DATE	MO	nth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type P	Print)	11/67	208			1)/	70
JOSE M. PDE	SBITTER	20 11	0 7	845 OK	KWO	70 R	1.66	ENTS	WRING MI
FFR Myondon Le	2. REGISTRATE SIG	LANCE.	,	1 / 0/11				-	PURME MI
ILDUI MANI 900A	Andridges 1	•						_	

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Total Name of the Control of the Con

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ust be notified at once.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, for rem IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1 - STATE REGISTRAR	SINIE UF MINN		IMENT OF I		MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last) JOHN JOSEPH BUTT					2. DATE OF DEATH	1990	3. TIME OF DEATH 8:15P		
4. SOCIAL SECURITY NUMBER		E (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign		
215-10-3880	1 ☑ M 2 □ F	34 YRS.	MONTHS DAYS	HOURS MIN.	7-3-05	Pe	nnsylvania		
9a. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF DE	ATH	9c. COUNTY OF			
8832 Belair Rd.			Perr	y Hall	Baltimore				
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	ry	10c. CITY	, TOWN OR LOCA	TION		10d. INSIDE CITY			
Maryland Bal	timore		Peri	y Hall			1 YES XEXENO		
10e. STREET AND NUMBER			10	r, ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
8832 Belair Rd.				212	36	U	SA		
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 7			CENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. R/	CE — American Indian, ack, White, atc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OF			S 2 NO Specify		Sp	white		
15. DECEDENT'S EDU	UCATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	I BINESS/INDUSTRY	,		
(Specify only highest grade Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +)	(Give kind of w	rork done during m e retired.)	ost of working	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7th grade		Service	Station	operato	r Self-	Employe	d		
17. FATHER'S NAME (First, Middle, Last)				121 24 30 20 20 20 20 20	ME (First, Middle, Maiden				
Henry Butt				Elizab	eth Friske	У			
19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
Mrs. Thelma M. B					more, Mary				
20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION (Name of cemetery, cremetory or control of the place) 20s. METHOD OF DISPOSITION (Name of cemetery, cremetory or control of the place)									
4 Donation 6 Other (Specify)	OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAC						unty, Md.		
► E. F. Lassel	2	Stone	E. I	E. F. Lassahn Funeral Home					
E. J. gassil	Durence	MOWE	1175	0 Belair	Rd. Kings	ville,	Md. 21087		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LAST CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	d.								
PART II. Other algnificent condition	ona contributing to deat	h but not resulting	in tha underlyi	ng ceuse given in	Part I. 24a. WAS AN PERFOI 1 YES :	RMED?	AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDICAL		h but not resulting	28. 1	ng ceuse given in	1 YES :	RMED?	COMPLETION OF CAUSE DF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 対 NO	d. one contributing to deat HOSPITAL: I Inpetient 2 ERM		28. I		PERFOI 1 YES :	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	Dutpetient 3 DOA	28. I OTHER: 4 Nursing Ho E OF	PLACE OF DEATH (Ch	PERFOI 1 YES :	RMED?	AWILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 VES 2 NO		
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Notural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ERV 26e, DATE OF INJU (Month, Day, Ye	Dutpetient 3 DOA	OTHER: 4 — Nursing Ho E OF 28c. IN URY M 1	PLACE OF DEATH (Ch. me 5 Residence NJURY AT ORK? YES 2 NO	PERFOI 1 YES : seck only one) 6 Other (Specify) 28d, OESCRIBE HOW	NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 VES 2 NO		
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Check only 1 CERTIFYING PHY:	HOSPITAL: 1 Inpatient 2 ERA 28e. DATE OF INJU (Month, Dey, Ye.	Dutpetient 3 DOA RY 28b. TIM IN. JRY — At home, ferm, howledge, death occurr	OTHER: 4 Nursing Ho E OF 28c. IP URY M 1 street, factory, off	PLACE OF DEATH (Ch. Inne 5 Residence IJURY AT ORK? YES 2 NO Ice Ite end place, end due	PERFOLITION (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Yown, State)	INJURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO No Parall Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Check only 1 CERTIFYING PHY:	HOSPITAL: 1 Inpetient 2 ERM 26e. DATE OF INJU (Month, Day, Ye. 26e. PLACE OF INJ building, etc. (SICIAN: To the best of my k NER: On the basic of examin	Dutpetient 3 DOA RY 28b. TIM IN. JRY — At home, ferm, howledge, death occurr	OTHER: 4 Nursing Ho E OF 28c. IP URY M 1 street, factory, off	PLACE OF DEATH (Ch. Inne 5 Residence IJURY AT ORK? YES 2 NO Ice Ite end place, end due	PERFOI 1 YES: 1 YES: 1 YES: 2 Other (Specify) 2 Ed. OESCRIBE HOW 2 OESCRIBE HOW 3 OESCRIBE HOW 4 OESCRIBE HOW 4 OESCRIBE HOW 4 OESCRIBE HOW 5 OESCR	INJURY OCCURED and Number or Ru nner se stated. and due to the ceu	AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 VES 2 NO NO PRIOR NUMBER, PRIOR NUMBER, Be(e) and manner se stated (Month, Day, Year)		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ERM 26e. DATE OF INJU (Month, Dey, Ye. 26e. PLACE OF INJ building, etc. (SICIAN: To the best of my k NER: On the basic of examin	Dutpetient 3 DOA RY 28b. TIM IN. JRY — At home, farm, specify) nowledge, death occurration end/or investigate	OTHER: 4 Nursing Ho E OF 28c. In URY M 1 street, factory, off ed at the time, da on, in my opinion,	PLACE OF DEATH (Ch. Ime 5 Residence JURY AT IORK? YES 2 NO Ice te end place, end due death occurred at the	PERFOI 1 YES: 1 YES: 1 YES: 2 Other (Specify) 2 Ed. OESCRIBE HOW 2 OESCRIBE HOW 3 OESCRIBE HOW 4 OESCRIBE HOW 4 OESCRIBE HOW 4 OESCRIBE HOW 5 OESCR	INJURY OCCURED and Number or Ru nner se stated. and due to the ceu	AMILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 VES 2 NO NO Tal Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 2 MEDICAL EXAMINE) 29b. SIGNATURE AND TITLE OF CERTIFIED ON SIGNATURE ON SIGNATURE AND TITLE OF CERTIFIED ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNATURE ON SIGNA	HOSPITAL: 1 Inpetient 2 ERA 28e. DATE OF INJU (Month, Day, Ye. 28e. PLACE OF INJ building, etc. (SICIAN: To the best of my k NER: On the basic of examin	Dutpetient 3 DOA RY 28b. TIM IN. JRY — At home, ferm, specify) nowledge, death occurrention end/or investigation OEATH (ITEM 27) (Type Paul St	28. I OTHER: 4 Nursing Ho IE OF IURY M 1 Street, factory, off ed at the time, da on, in my opinion,	PLACE OF DEATH (Ch. Ime 5 Residence JURY AT ORK? YES 2 NO Ice Ite end place, end due death occured at the	PERFOI 1 YES 1 YES 2 Other (Specify) 2 Ed. OESCRIBE HOW 2 Eff. LOCATION (Street City or Town, State to the cause(e) and ma time, date end place, e	INJURY OCCURED and Number or Ru nner se stated. and due to the ceu	AMILABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO NO N		

as the hunal-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the this certificate has been signed by details		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.	
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	報告	ation	量	
	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	vent	
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	physic	e pric	er tr	
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3	UNE	vithin	ANT	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

for 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO	E		
1. DECEDENT'S NAME (First, Middle, Last) ROSLYN		Berlin	er		2. DATE OF DEATH	AY Y	3. TIME OF DEATH 12:36PM M	
4 SOCIAL SECURITY NUMBER 212-09-2085	1 🗆 M 2 🖫 F	70 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/3/19		BIRTHPLACE (State or Foreign Country) NEW YORK	
9e. FACILITY NAME (If not institution, give str 7004 Park Hgts.				timore Ci		9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT 100. STATE MARYLAND 10b. COUNTY			OWN OR LOC BALTIM			10d. INSIDE CITY LIMITS? 1 [X] YES 2 _ NO		
100. STREET AND NUMBER 7004 PARK HEIGHTS	S AVE., APT.	A-2	1	of. ZIP CODE 212	15	10g. CITIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		If yes,	ECENDENT OF HISPAN specify Cuban, Mexica S 2 NO Specify				
15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)		16a. DECEDENT'S US (Give kind of wor iffe. Do NOT use i ADMI)	k done during i	nost of working	SECURITY			
17. FATNER'S NAME (First, Middle, Lest) SAMUEL BERLINER 18. MOTNER'S NAME (First, Middle, Meiden Sumarne) YETTA DAGURT 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)								
190. INFORMANT'S NAME (Type/Print) CHARLES S. WINNER		315 1	N. CHA	RLES ST.	BALTO.,M	D 212	201	
20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	other place) SHAARET		y or Town, State LE, MD				
· San Tu	is		SOL 6010	LEVINSON REISTERS	& BROS., I	ALTO.	MD 21215	
23. PART I. Enter the disease, or construction of heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Arteriosc	each line.				iratory sires	t, Approximate interval Between Onset and Death	
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF):						
PART ii. Other eignificant condition	s contributing to death	but not resulting in	the underly	ing ceuse given in	Part i. 24s. WAS APPERFO 1 YES INSPE	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YESXXXX NO	
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)		CIION		
EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Out	patient 3 DOA 4		omeXXXResidence				
27. MANNER OF OEATN XXXX Metural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	20b. TIME INJUI	M 1	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW			
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp.	Y — At home, farm, str ic/ly)	eet, factory, of	fice	281. LOCATION (Street City or Town, State		Rural Route Number,	
(Crieck only	CIAN: To the best of my knoon. R: On the basis of examination.						cause(e) end manner as stated,	
29b. SIGNATURE AND TITLE OF CERTIFIER	youl			29c. LICENSE NU OCME	MBER	29d. DATE S	SIGNEO (Month, Dily, Year) 2-2-90	
30. NAME AND ADDRESS OF PERSON WH MARGARITA A. KO	RELL, MD	1		nn Street	,Baltimore	,MD 21	.201 vc	
FEB 07 1990	B2 REGISTRAR'S SIG	Marijanica						

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

TATIANA

4. SOCIAL SECURITY NUMBER

217-38-7981

RESIDENCE OF DECEDENT

FEB (Month Any Year)

9a. FACILITY NAME (If not institution, give street end number)

UNION MEMORIAL HOSPITAL

10b. COUNTY

1 -

10e. STATE

DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR STEAMING PHYSICIAN The law remainer that the death certificate be executed within HOSPITAL OR ATTENDING PHYSICIAN: The law

AL DIF	Maryland		l par	timor	e City			1 1	YES 2 NO	
H.	100. STREET AND NUMBER 2204 Kentucky	Avenue		10f	21213				T COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	ENDENT OF NISPANIC O celty Cuben, Mexican, Pu 2 X NO Specify:	ecify Yee or No — 14	Yee or No- 14. RACE — American Indian, Black, White, etc. Specify: White			
PLETED	18. DECEDENT'S ED (Specify only highest gra-	ucation de completed) College (1-4 or 5+) Masters	(Give kind of work life. Do NOT use ret	done during mo- tired.)	st of working	Baltimore City School				
E COMPL	17. FATNER'S NAME (First, Middle, Lost) Bohdan Chape	lsky			16. MOTHER'S NAME (I					
TO BI	190. INFORMANT'S NAME (Type/Print) Taras Charcha	lis			nd Number or Rural Route				21213	
	28r. METHOD OF DISPOSITION 1-1 Burlel 2 Cremation 3 Re 4 Donetion 5 Other (Specify)	movel from State	PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF THE PLACE OF DISPOSITION OF T	el Uk	netery, cremetory or rainian (Cem	20c. LOCATION - CH			
	21. SIGNATURE OF FUNERAL SERVICE I	Le Sawel		Lill:	y & Zeile Eastern	er,	Inc. Fun	neral	l Homes	
LIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	CONSEQUENCE OF):							
E	that initiated events resulting in deeth) LAST	4	SONGEOURNEE OF J.							
MEDICAL CERTI	that initiated events	d		he underlying	g cause given in Pari		WAS AN AUTOPSY PERFORMED? YES 2 NO	CO DF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
MEDICAL	that initiated events resulting in deeth) LAST	d	t not resulting in the	26. PL	ACE OF DEATH (Check o	nily one)	PERFORMED?	CO DF	MPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	t not resulting in the tent 3 DOA 4 CONTINUE OF INJURY	26. PL FHER: Nursing Nom Nursing Nom F 28c. INJ WO 1 1	ACE OF DEATH (Check of 6 Residence 6 URY AT 254 RKY YES 2 NO	1 [PERFORMED?	CO DF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	d	t not reculting in the time of time of tim	26. PL FHER: Nursing Nom Nursing Nom F 28c. INJ WO 1 1	ACE OF DEATH (Check of 6 Residence 6 URY AT 254 RKY YES 2 NO	Other (Spe	PERFORMED? YES 2 NO Activ) E NOW INJURY OCCU	AW CO DF 1 {	ALABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO	
BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suleide 6 Could not be determined 29e. CERTIFIER Check only	d	t not reculting in the tent 3 DOA 4 E 28b. TIME OF INJURY At home, ferm, streety)	26. PL THER: Nursing Nom F 28c. INJ WO 1 1 1	ACE OF DEATH (Check of the first of the control of	Other (Spis J. DESCRIB	PERFORMED? YES 2 NO City) E NOW INJURY OCCU (Street and Number of the county, State)	AMED 1 [ALLABLE PRIOR TO MIPLETTON OF CAUSE DEATH? YES 2 NO	

Sund Davidson-Kondille

CHARCHALIS

6. AGE (In yrs. lest birthday)

49

5. SEX

1 M 2 X F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MONTHS

10c. CITY, TOWN OR LOCATION

YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

96. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE CITY

MIN.

DAYS

90 02856

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Ukraine

9c. COUNTY OF DEATH

2. DATE OF DEATH 2-6-90 WEAR OZ 06 90

7. DATE OF BIRTN
(Month, Day, Year)
08-26-1940

Marking

Mark Is Boston
31. DATE FILED (Month, Day, Year)
FEB 07 1990

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				ICATE				2. DATE OF				3. TIME OF DEATH
	Constitution LOVELEE	186	:00K						MONTH O2	0		EAR	710 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		BIRTHE	LACE (State or Foreign
	220-20-4641	1 M 2 X F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	1/2	1/29		Country)	SC
	Se. FACILITY NAME (If not institution, give :							ON OF DE	ATH		9c. COUNT	Y OF DE	ATH
OR	Union Memoria	l Hospit	al		Ba]	altimore City							
DIRECTOR	RESIDENCE OF DECEDENT	Υ		10c CI	Y. TOWN O	PLOCAT	NON						10d. INSIDE CITY
E E	MD				LTIMO							- 16	LIMITS?
	10o. STREET AND NUMBER			JUN	LITT	-	. ZIP COD	E			10g, CITIZE		AT COUNTRY?
R	409 E. LANVALE S	TREET						212	N2			SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. AI	RMED				OF HISPAN	IC ORIGIN? (. RACE	- American Indian,
	1 Never Married 2 Married		MAR OR DATES	NO				in, Mexical Specify	n, Puerto Ric	m, etc.)		Black, Specify	White, etc.
) BY	3 Widowed 4 Divorced	l											BLACK
H	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(0		Work done d			ng	16b. Ki	ND OF BU	SINESS/INDUS	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	HOUSE						DOMES	TIC		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			10031	MIII		16 MOT	HED'S MAI	ME (First, Mid			:-	
	HENRY HART						C. V.	IA	ME (First, Into	aro, mercrorr	Surriemey		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADORESS	(Street a	-		Boute Number,	City or Tow	n, State, Zip C	ode)	
2	1996. INFORMANT'S NAME (Type/Print) CLARICE BESS 1996. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2215 PRENTISS PLACE/BALTIMORE, MD 21205												
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)												
4	4 Donation 6 Other (Specify)	lovel from State	GARÍ	RISON	FORE	ST	VET	CEM		OW1	NGS M	ILLS	, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /			22.1	IAME A	ID ADDRE	SS OF FA	CILITY				
	Francis	1.1	200		, IN	4 C	MΛ	DCH	E/H 1	101 6	. NOR	TH A	VENUE
	23. PART i, Enter the disessea, or	complications the	at caused the d	earth. Do									Approximata
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one ca	use on each lin	3.						·			Interval Between Onset and Death
	disease or condition	Nec	mala!	220	Ne								4 days
	resulting in death)	DUE TO	O (OR AS A CONSE	OUENCE C	NF):								1000
Z		a Des	CALL TES	7	ayra co	سه فدياني م	C	23010	neether				329
2	Sequentially list conditions, if any, leading to immediate								,				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a Seps	O (OR AS A CONSE										4 days
CERTIFICATION	thet initiated events resulting in death) LAST					~	-						71
CE		d. Ifou	it Resp	· Vi	the 22	<i>J</i>	Sha	reine					1 37 7
_	PART ii. Other significent condition	na contributing to	deeth but not	resulting	in the un	derlyin	g cause	given in	Part i. 2	In. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
4	Obesity								_ 1	YES 2	. /		COMPLETION OF CAUSE OF DEATH?
OICAL									- 1		. ,		1/
MEDICAL	Alcohol Mice	22											1 TES 2 NO
N: MEDICAL		55											T YES 2X NO
CIAN: MEDICAL					OTHER		ACE OF D	DEATH (Ch	ack only one)				1 VES 2 NO
YSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER	1:			eck only one)	Specify)			TO YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 inpetient 2 28e. DATE O		28b. TH	4 🗆 Nurs	ing Hom 28c. INJ WC	URY AT	esidence	6 Other (S		NJURY OCCU	REO	1 Yes 2 No
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? I VES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation	HOSPITAL: 1 inputient 2 28e. DATE O (Month, i	F INJURY Day, Ybar)	28b. TII	4 Nurs	ing Hom 28c. INJ WO	URY AT PRINCE PER PER PER PER PER PER PER PER PER PE	esidence	6 Other (S	IBE HOW			Д
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? I	HOSPITAL: 1 inpetient 2 28e. DATE Of (Month, inc.) 28e. PLACE	F INJURY	28b. TII	4 Nurs	ing Hom 28c. INJ WO	URY AT PRINCE PER PER PER PER PER PER PER PER PER PE	esidence	6 Other (S	IBE HOW	NJUHY OCCU		Д
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? I VES 2 NO 27. MANNER OF DEATH Notural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 inputient 2 28e. DATE O (Month, i) 28e. PLAGE building	FINJURY Day, Year) OF INJURY — At h., etc. (Specify)	28b. Til IN ome, farm,	4 Nurs	ing Hom 28c. INJ WO 1 1	URY AT PRICE 2 [no NO	6 Other (S 28d. DESCF 28f. LOCATI City or	ON (Street Fown, State)	end Number or	Rural Ro	Д
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? I YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 inpetient 2 28e. DATE O (Month, i) 28e. PLACE building	FINJURY Day, Year) OF INJURY At h., etc. (Specify)	28b. Till IN ome, ferm,	4 Nurse	ing Hom 28c. INJ WO 1 '	URY AT HK? YES 2 [NO NO	6 Other (S 28d. DESCF 28f. LOCATI City or	ON (Street Town, State)	and Number or	Rural Ro	oute Number,
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 inpetient 2 28e. DATE Of (Month, including) 28e. PLACE building	FINJURY Day, Year) OF INJURY At h., etc. (Specify)	28b. Till IN ome, ferm,	4 Nurse	ing Hom 28c. INJ WO 1 '	URY AT HRK? YES 2 [NO NO n, and due	6 Other (S 28d. DESCF 28f. LOCATI City or to the cause time, date an	ON (Street Town, State)	and Number or	Rural Ro	oute Number, and menner as stated.
ВУ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? I YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL: 1 inpetient 2 28e. DATE Of (Month, including) 28e. PLACE building	FINJURY Day, Year) OF INJURY At h., etc. (Specify)	28b. Till IN ome, ferm,	4 Nurse	ing Hom 28c. INJ WO 1 '	URY AT HRK? YES 2 [NO NO	6 Other (S 28d. DESCF 28f. LOCATI City or to the cause time, date an	ON (Street Town, State)	and Number or	Rural Ro	oute Number,

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Union Mana.

32. REGISTRAR'S SIGNATURE

Menantal

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	nelma	Cooper			2. DATE OF DEATH MONTH / 2 / 90	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 219-28-5637	5. SEX 6. A		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/6/32	6. BIR Cou	THPLACE (State or Foreign ntry) Md .
9a. FACILITY NAME (If not institution, give str	set and number)		Db. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY OF	
Liberty Medical			Ва	timore			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CITY.	TOWN OR LOCA	ION			10d, INSIDE CITY
Md.		В	altimor				LIMITS?
100. STREET AND NUMBER 2305 N. J	Pulaski St		10	21217	7	US	
11, MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED ES 2 [] NO R DATES	If yes, sp		NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	Sp	CE — American Indian, lock, White, etc. ecity: 1ack
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo retired.)	ON est of working	16b. KIND OF BU	SINESS/INDUSTRY	
		Beadul	Clan				
17. FATHER'S NAME (First, Middle, Last) Gideon	Jones				ME (First, Middle, Melden e 1ma	Jones	
190. INFORMANT'S NAME (Type/Print) Joseph R. Coop	per				Route Number, City or Tow Balto. Md		
29a. METHOD OF DISPOSITION #G Burlei 2 Gremation 3 Remo	val from State	20b. PLACE OF DISPOSE Other place). Garrison	Forset	metery, cremetory or Veteran		ocation - City or Vings Mi	Town, State 11s, Md.
22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw P1. Balto. Md. 21217							
23, PART I. Enter the diseases, or c	omplications that can	used the deeth. Do no					Approximata
immediate cause (Final disease or condition reaulting in death)	Rem	ment (R	kupo	val men	mgin	Interval Between Onset and Death
Sequentially list conditions,	D	AS A CONSEQUENCE OF		V		G	0
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		AS A CONSEQUENCE OF					
that initiated events resulting in death) LAST	4	AS A CONSECUENCE OF	,				
PART II. Other algorificant condition	contributing to dea	th but not resulting in	the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Outs that 3 DOA	OTHER:	LACE OF DEATH (C)	heck only one) 6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 6 Pending	28a. DATE OF INJU	JRY 26b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED)
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	JURY — At home, farm, st (Specify)	treet, factory, offi	ory, office 281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
(Crieck Only		knowledge, death occurre					se(a) and menner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)	•			
31. DATE FILED FEB 07 1991	32 AEGISTRATS	SIGNATURA O INC.			· · · · · · · · · · · · · · · · · · ·		
FED 07 1991	1 guin van	(don't land					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

med by the hospital or attending physician. ARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funen be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-16 Rev 1/89

by the hospital or attending physician, the detached for use as the burial-transit permit. Pages 1, 2, 3 should

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	1 - FOR STATE OF MA	RYLAND / DEPARTM CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) Bal. Dom 10 C. Cal	IOCA			2. DATE OF DEATH MONTH 2		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6/ 218-10-7565 1 M M 2 🗆 F	AE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. YRS. MONTHS DAYS HOURS MIN.			(Month, Dey, Year) 2/27/1908 Phill		hillippines	
TOR	96. FACILITY NAME (If not institution, give street and number) -University Hosp. Balto.City, Md.							
BY FUNERAL DIRECTOR	Maryland				•	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	600 Light St.Apt	600 Light St.Apt.#214 212			30 USA			
	1X Never Married 2 Married FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES. 1 YES 2 NO S			, Puerto Ricen, etc.)	RACE — American Indian, Black, White, etc. Specify: Asian		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th.Grade College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (In Do NOT use method)					RY	
	17. FATHER'S NAME (First, Middle, Lest) Vivencio	AME (First, Middle, Last) 16. MOTHER			AME (First, Middle, Meiden Surneme) Uncion Carbonquil			
TO BE	190. INFORMANT'S NAME (Type/Print) Mr. Donald A. Coyoca	9e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or A			oute Number, City or Tow		(e)	
	Mr.Donald A.Coyoca 1421 Sharon Acres Rd.Forest Hill, Md.2105 202. METNOD OF DISPOSITION 1 © Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Qther (Specify) 203. NAME AND ADDRESS OF FACILITY 204. LOCATION — City or Town, State Balto.Md. 212. NAME AND ADDRESS OF FACILITY Balto.Md.212						or Town, State	
MEDICAL CERTIFICATION	shock, or heart failure. List only one cause of each line. Interval Between Onset and Death Death Onset and Death Death Onset and Death Death Death Death Dea							
	RT II. Other significant conditions contributing to death but not resulting in the underlying cause given			cause given in	Part I. 24e. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1							
ED BY	3 Suicide 8 Could not be determined 200. PLACE OF INJORY — At nome, term, terest, factory, office 201. COCATION (Street and Number or Rural Roll City or Town, State)					Bural Route Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER REVELT JULINOVES MD 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Your) 296. LICENSE NUMBER					GNED (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700. Print) Robert Jablonaver, M. University Hospital Bathmore, M. 31. MASSED March Day 1000.							
	FEB-UZ 1990 guld Devident - Name Company							

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	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 277	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the completely filled the completely filled the complete of Health and Mannel Humisons and to build premation	Highlis At Notice after began with the class Dept. Of them and manual righted prior to contain the control the
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	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR	RTMENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAMI RACHAE BABY GIRL COHEN		LYNN COHE			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE		3. TIME OF DEATH P	
	4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-1-90 MD			
ron	99. FACILITY NAME (if not institution, give street and number) 91. CITY, TOWN OR LOCATION OF DEATH ST. AGNES HOSPITAL BALTO.							DEATH	
DIRECTOR	MADICE AND DESCRIPTIONS			Y, TOWN OR LOCAL CATONS	ONSVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
FUNERAL	10e. STREET AND NUMBER 6213-A	6213-A FREDERICK RD.			ZIP CODE	228		10g. CITIZEN OF WHAT COUNTRY? USA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)			14. RACE — American Indien, Black, White, etc. Special TE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) NONE						16b. KIND OF BUSINESS/INDUSTRY NONE		
BE COM	17. FATHER'S NAME (First, Middle, Last) JOSEPH BOCCHING				18. MOTHER'S NA JOANN C	AME (First, Middle, Melden Surneme) COHEN			
TO E	MS. JOANN COHEN								
_ ;	20s. METHOD OF DISPOSITION 1								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON AND BROS., INC 6010 REISTERSTOWN RD. BALTO., MD 21215								
	23. PANT 1. Enter the disease, or of shoot or team feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	aused tha death. Do on each line. ary Atelect	asis	de of dying, suc	h aa cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST Limmaturity - 22 weeks gestation Due to (or as a consequence of): Due to (or as a consequence of):								
7	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 VES 2 NO 1 DEATH?							AMAILABLE PRIOR TO	
AN: MEDICA	1 YES 2 NO								
PHYSICIAN:	28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
ву РН	1 🛣 Netural 5 🗌 Pending 2 🔲 Accident Investigation	Accident Investigation " 1 YEB 2 NO							
LETED	4 Homicide Homicide Homicide Homicide Homicide Homicide Homicide City or Town, State) St. Agnes Hospital								
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE 8IGNED (MC 2/2/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/09. Print)								
	Bert F. Morton, M.D.								
	FEB 07 1990	32. REGISTRAR	by-handall						

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any lnjury, or other traumatic event, the medical examiner men, be mattling at once.
3	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director progression of detached for use as the buria	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction processing the followers.
r death. Page 6 more market by the hospital or attending physic	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 hypermission by the hospital or attending physicians and the property of t
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH NONTH OAY YEAR NATHAN COOPER 2. DATE OF DEATH NONTH OAY YEAR 1. DECEDENT'S NAME (First, Middle, Leat)														
1			NAT	HAN COOP	ER				FEB.	_			2:59 PM M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. lea		IF UNDER 1 YE			, DATE OF BIF (Month, Day,	RTH			E (State or Foreign	
	216-32-51	155	1 📉 M 2 🗌 F	83	YRS.	IONTHS DA	a HOURA	MIN.	NOV.		905 ~		RYLAND	
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)		- 3	96. CITY, TO	N OR LOCATION				COUNTY O			
R	SINAI HOSP	ITAL					BALTIM	ORE						
DIRECTOR	RESIDENCE OF DEC	10b, COUNTY	,		L 40 - 01TV	TOWN OF L	O.T.O.I.					Land	MODE OITY	
띪	10e. STATE MD	196, COUNT	BALTI	MORE	10c. CITY,	DALULIMODE							INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER		D1111 I I	TOTAL		2.1.	101. ZIP CODE			100	CITIZEN C	_	YES ZY NO	
FUNERAL		OLD PO	ST DRIVE				101. ZIP CODE 10g. CITIZEN OF WHAT US							
Z I	11. MARITAL STATUS	000 10		IT EVER IN U.S. AR	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specif					14. B	ACE — A	maricen Indian,	
	1 Never Merried 2		FORCES?	YES 244	10	If yes, specify Cuben, Mexican, Puerto Ricen, et 1 YES 2 XNO Specify:					В	lack, Whi	ite, etc.	
B	₩X Widowed 4 □ Divo	orced				1 .	XX				,,,,,	WHITE		
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MP	8					PKES						, D.	10	
	17. FATHER'S NAME (First, M		COOPER				16. MOTHE	R'S NAME	E (First, Middle,	Maiden Suma				
띪	19e. INFORMANT'S NAME (1		COOPER	Las										
2			RYL COOP				eet end Number or G SHADO						45	
	20e METHOD OF OISPOST	ION Bom	ovel from State	20b. PLACE other pla			f cemetery, cremat			20c. LOCATIO				
	1 A Shurtel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2. NAME AND ADDRESS OF FAX													
L 15								OC TAI	0					
	► Ellen	sul	Meur	now			OL LEVI					MD	21215	
	23. PART I. Enter the d		complications the									Ī	Approximate interval Between	
1	IMMEDIATE CAUSE (Fig					- 1						[Onset and Dasth	
	disease or condition resulting in death)	in of	of Colon							2 years				
			OUE TO	(OR AS A CONSE	DUENCE OF	ł							,	
Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY		002 10	(ON AS A CONSE	DOENCE OF						į			
윤	CAUSE (Disease or Injuthat initiated events		C. DUE TO	OR AS A CONSE	DUENCE OF)	:								
FR	resulting in death) LAS	T	d.											
	PART II. Other algolifica	ant condition	an contribution to	dooth but not a	on a seletan a la	the meder	hulan anuna alı	una la D	n-1 1 1 1 1 1 1 1 1 1	WAS AN AUTO	nev T	0.45 1975	NE AUTOPSY FINDINGS	
MEDICAL	PART II. Other alignmen	ent condition	ia contributing to	death but not i	esuring in	the under	lynig cause gi	ven in P		PERFORMED		AVA	LABLE PRIOR TO	
									_ 1 🗆	YES 2	0	OF	DEATH?	
									-			1 [YES 2 NO	
Z 25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (Check only one)														
EXAMINER?														
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O	F INJURY	26b. TIME	OF 286	INJURY AT	_	28d. DESCRIBI		Y OCCURE	D		
		Pending Investigation	(Month,	Day, Year)	INJU		WORK?	NO						
Э ВУ	2 Accident 3 Suicide 6	Could not be		OF INJURY — At he	ome, term, st	reet, factory,	office	1	281. LOCATION City or Tow	(Street and N	umber or Ru	ıral Route	Number,	
TED	4 Homtcide	determined	Canana	, area (opocity)					Oily or low	m, otoloy				
片	29e, CERTIFIER CER	TIFYING PHYS	ICIAN: To the best of	f my knowledge, de	eath occurred	i at the time,	date end place, e	end due to	o the cause(a)	and menner	a stated.			
COMPLET	0001	NCAL EXAMIN	ER; On the beals of	examination end/or	Investigation	, in my opini	on, death occured	d at the ti	me, date end p	place, end du	to the cau	use(e) end	f manner ee stated.	
	29b. SIGNATURE AND TITLE	E OF CERTIFIE	R				29c, LICEN			290	. DATE SIG	NED (Mo	nth, Day, Year)	
) BE	two	na	Kol	MP			DG	32	2	▶	21	57	90	
2	30. NAME AD ACORESS C	F PERSON WI	O COMPLETED C	SE OF DEATH (ITE	M 27) (Type,	Print)						7		
	31. DATE FILED (Month, Day,	Vhac)	22 0501075	AR'S SIGNATURE										
			Julia De		dese									

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d the hospital or attending physician. WLAND 21203-3146

BALTIMOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1.	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		GIENE
1. DE	CEDENT'S NAME (First, Middle, Last)		2. DATE OF DI	EATH DAY

	TTEGIOTITE T				<u> </u>	10/11		DEA		116	J. NO.		
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DE	ATH DAY	VEAD	3. TIME OF DEATH
	Joseph J.	Cios	1 5							Feb.	4,19	YEAR	1:00pm
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last hirthday)	IF UNDER	0 1 VEAD	IF UNDER	24 400	7. DATE OF BIR			1PLACE (State or Foreign
		-7				MONTHS	DAYS	HOURS	MIN.	(Month, Day, 1	Ybar)	Count	AND
	212-09-30		X M 2 F	90	YRS.		L			12-3	ANU		
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY	r, TOWN C	R LOCATI	ON OF DE	HTA	9c. Ct	OUNTY OF D	EATH
۳ I	Church Ho	snita	1 Inco	rnorat	ho-		D-	1+4	more				-
DIRECTOR	RESIDENCE OF DEC	EDENT	i IIICO.	LPOLA	Leu		Do	ILLI.	HOTE	3			
입	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR LOCATION							tod. INSIDE CITY
E	MD											LIMITS?	
	10e STREET AND NUMBER							tim			1000		
₹	10e, STREET AND NUMBER						101	. ZIP COD	=				WHAT COUNTRY?
FUNERAL	642 S. La	kewoo	bd					21	224			JSA	
3	1t. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED					IIC ORIGIN? (Spec		- 14. RAC	E — American Indian, k, Whita, etc.
II	1 Never Married 2	Married	FORCES? 1	YES 2	NO				in, Maxicai Specify	n, Puerto Rican, s	itc.)	Spec	k, White, etc.
BY	3 Widowed 4 Divo	rced	II (ES, GIVE)	MIN ON DAILES			I 🗌 YES	2 10	оросну	,.		WHI	TF
	15. DEC	EDENT'S EDUC	CATION	160	DECEDENT'S	USUAL O	CCUPATIO)N		165 KIND	OF BUSINESS/	INDUSTRY	
۳I		highest grade			(Give kind of life. Do NOT us	work done	during mo	st of worki	ng	100.1(810	01 2001112007		
"	Elementary/Secondary (0	⊢12)	College (1-4 or 5							CHIE			
5					SHIPF:	LIIE	. K			SHIF	YARD)	
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle,	Maiden Surname	9)	
	JOHN CIE	SLA						CA	THER	RINE S	STACHL	JRA	
H	19a. INFORMANT'S NAME (1	vpe/Print)			19b. MAILING	ADDRES	S (Street a	nd Numbe	r or Ruml F	Route Number, City	or Town State	Zin Code)	
P MRS MARY CIESLA 642 S. LAKEWOOD AVENUE BALTO. MD. 212											21224		
	20e, METHOD OF DISPOSITION 20e, METHOD OF DISPOSITION 20e, METHOD OF OISPOSITION 20e, DEACE OF DISPOSITION (Name of cemetory, cremetory or other place) 3 Chemistry STANISLAUS CEMETERY BALTO. MD.												
											1,7936		
RACZURUWSKI FUNERAL HUME 2525 FLEET STREET BALTO. MD. 21224													
	rummina	hi	NICA	MOUN	du	2	2525	FL	EET	STREE	L BAL	TO. M	1D. 21224
	23. PART I. Enter the d	seases, or o	omplications/th	at caused the	death. Do	not anta	r the mo	de of dy	ing, suc	h ea cerdiac o	r reepiratory	arrest,	Approximate
	·		Liat only ond da	use on aech	line.								Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition COPD											Oliset and Death		
- 1	resulting in death)	→	e		LD			COI	עק				
			OUE TO	(OR AS A COM	ISEOUENCE O	F):							
z			b										
은	Sequentielly liet condit if any, leading to imme		OUE TO	(OR AS A CON	ISEOUENCE O	F):							
8	cause. Enter UNDERLY		e.										
Ĕ	CAUSE (Diseeae or injuthat initiated events	lry	OUE TO	(OR AS A CON	SEQUENCE O	F):							
ΕI	resulting in death) LAS	T											
三			d										
MEDICAL CERTIFICATION	PART II. Other significe	nt condition	a contributing to	deeth but n	ot reaulting	in the u	nderiyin	g ceuse	given in		WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS
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ă	Superior 1	UNG				120	Y &			1 🗆	YES ZX NO		OF DEATH?
y l	Suspected	Lund	_Cancer	, Sei	zure								1 TYES 2 NO
=													
PHYSICIAN	25. WAS CASE REFERRED T	O MEOICAL					26. P	ACE OF	DEATH (Ch	eck only one)			
힐	EXAMINER?		HOSPITAL:			OTHE	R:						
₹	1 TYES 2 THE		1 Lapitiant 2						ealdance	6 Other (Spec			
표	27. MANNER OF OEATH		28a. DATE Of (Month, i		28b. TIR	JURY		IURY AT ORK?		20d. OEŞCRIBE	HOW INJURY	OCCUREO	
BY	1 Natural 5	Pending Investigation				М	1 🔲	YES 2	_ NO				
	a 🗆 a. (-14-	Could not be	26a. PLACE	OF INJURY — A	t home, farm,	street, fac	tory, offic	:n		28f. LOCATION		ber or Rural	Route Number,
ᇤ	4 Homicide	determined	building	, etc. (Specify)						City or Town	n, State)		
	AA - 05071015D												
COMPLETED	CHOCK OTHY	FIFYING PHYSI	ICIAN: To the best o	f my knowledge	, death occur	red at the	time, data	and place	e, and dua	to the cause(s)	and menner as	stated.	
중	one) 2 MED	ICAL EXAMINE	R: On the basis of	examination and	/or investigati	on, in my	opinion,	seath occu	red at the	time, data and p	lecs, and due t	o the cause	(a) and menner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	В	Λ				290 110	ENSE NUI	MBED	294 (DATE SIGNE	0 (Month, Day, Year)
BE	and district diff him ille	Or warring le	7	11				1	7 /	70/	250.		190
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			0	_ X					20	1700		-	(190
2	30, NAME AND ADDRESS O			CE DE DEATH			er , 1			200			(190
	30, NAME AND ADDRESS O		O COMPLETED CAN AR M.D.	CE DEATH		e, Print) -) U/2	CH	H	256	Jo	hN A	zar	(140
		AZI	AR M.D.	AR'S SIGNATUR			CH	H	226	Jo	hN A		(14)

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ē	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked or item 23 shows any injury or other traumatic event, the medical examiner
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

Natural 2 Accident
3 Suicide

4 Homicide

29a. CERTIFIER (Check only one)

6 Could not be

nust be

MPLETED BY FUNERAL DIRECTOR

FOR STATE		STATE OF M							ENTAL		E	90	0200
REGISTRAR 1. DECEDENT'S NAME (First, Min	ddle, Last)		(ERTIF	CAIL	UF	DEAL			REG. NO.	_		TIME OF DEATH
		Frank		I)AY	Sr	•		Febr				
4. SOCIAL SECURITY NUMBER 402-01-1040		5, SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. 82	last birthday) YRS.	IF UNDER	DAYS	IF UHDER 2		7. DATE (Day, Year		6 BIDTHDI	ACE (State or Foreign
9a. FACILITY NAME (If not institute Franklin S	Square		al		9b. CITY		SSV11		тн		11.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	NTY OF DEAT	
	DENT b. COUNTY			10c. CIT	Y, TOWN				-			10	d. INSIDE CITY LIMITS?
Md.		Baltimo	ce			Es	sex					1	YES 2 XNO
315 Rivers	side I	Orive				101	. ZIP CODE	21221			10g. CITI	USA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2X	ARMED NO		It yes, ap	ENDENT OF ecity Cuben, 2 NO	, Maxican,		? (Specify Yes licen, atc.)	or No-	Specify:	American Indian, /hita, atc.
(Specify only his Elementary/Secondary (0-12)			·)	(Give kind of a life. Do NOT us	work done during most of working se retired.)					KIND OF BUS	SINESS/IND		
8th				Assem	bly '	Work	er				GM		
17. FATHER'S NAME (First, Middle John Wes	le, Leat)	Day						COrd		Middle, Malden A Ha			
190. INFORMANT'S NAME (Type Thelma Day	/Print)									or, City or Tow altimo			221
20a. METHOD OF DISPOSITION 1 & Burlal 2 Cremation 4 Donatton 5 Other (Sp	3 🗆 Remo	ovel from State		of Dispos				itory or				or Town	
21. SIGNATURE OF FUNERAL	ELY CE LIC	HELL	fual	Hon	22.	NAME A	onne	Ty F	une	ral Ho	me 31	00Mace	Ave. 212
23. PART I. Effer the dise shock, or heel	asea, or c	complications the	t callsed the	death. Do i	not antai	the mo	da of dyin	ng, such	as card	llac or reapi	retory ar	reat,	Approximate interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)			1 Cell			inor	na						Onset and Death
Sequentially list condition if any, leading to immedia ceuse. Enter UNDERLYING	ıta 💮		nic Obs			Pu1r	onary	y Di	seas	е			
CAUSE (Disease or injury that initiated events resulting in death) LAST	1	DUE TO	(OR AS A CONS	SEQUENCE O	F):								
PART II. Other algnificent	condition	a contributing to	deeth but no	ot reaulting	in the u	nderlyin	g cause gi	iven in F	Part I.	24a. WAS AN PERFOR	RMED?	Ci O	ERE AUTOPSY FINOINGS AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
	12.00												
25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R:	LACE OF DE	,					
27. MANNER OF DEATH 1 Natural 5 Per	nding	26a. DATE Of (Month, I	INJURY Pay, Year)	26b. TIN		28c. IN.	URY AT DRK?			CRIBE HOW	INJURY OC	CURED	

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the co 2 MEDICAL EXAMINER: On the basis of examination and/o

29b. SIGNATURE AND TITLE OF CENTURES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER ins N/A 2/4/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive Denise Joyce, 21237

26e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

31. DATE FILEO (Month, Day, Year) FEB 07 Davidson Rando 12

DHMH-16 Rev 1/89

28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

FOR STATE REGISTRAR

1 -

1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		3. TIME OF DEATH		
	James	E.	DORSE	y				MONTH	Th	YEAR 90	3:20 1		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR		T	7. DATE OF (Month, D	BIRTH	15	THPLACE (State or Foreign		
	218 03 2913	1 🗓 M 2 🗆 F	84	YRS.	MONTHS DAYS	HOURS	MIN.	(Monal, B	1 06		N.C.		
OR	9a. FACILITY NAME (If not institution, give s Bon Secour Hosp	treet and number)			96. CITY, TOW Bal		ON OF DE	ATH		9c. COUNTY OF	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY		
E I	md			-	Altim						LIMITS?		
	10e. STREET AND NUMBER					10f. ZIP COD	E		Т	10g. CITIZEN OF	WHAT COUNTRY?		
ER	W. NORTH AVER	JE 18	33		İ	212	PL			OSA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES?	NT EVER IN U.S. AR I YES 2 (X) N MAR DR DATES	MED IO	If yes,		ın, Maxica	NC ORIGIN? (5 n, Puarto Rica y:		or No — 14. RAC Black Spe	CE — American Indian, ck, White, atc.		
ED	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S I	JSUAL OCCUPA	TION		16b. KI	ND OF BUSI	I NESS/INDUSTRY	DIHCK		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G		ork done during		ng						
릴	9th grade			orer									
COMPLET	17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd	fls, Maiden Si	lurname)			
BE (Richard N. Dors	еу				Be	ettie	9					
0	19a. INFORMANT'S NAME (Type/Print) Roberta Swinton								,	State, Zip Code)			
					Nort			Balto.	_	2121	<i>'</i>		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Rem	ovel from State	20b. PLACE other place	OF DISPOSI	ary Cer	cemetery, crer n	matory or			ATION — City or 1			
	4 Donation 5 Other (Specify)	ENSEE		Carve			SS OF FA	CILITY	Ann	e Arund	el Co., Md.		
	4300 Wabash Ave.												
21. SIGNATURE OF PINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4300 Wabash Ave. Baltimore, Md. 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	b. COULTO	OR AS A CONSESSION OF AS A GONSES	oci	ciocal pacterismin								
MEDICAL	PART II. Other aignificant condition	Strw	desta but not r	esulting I	the underly	ing cause	given in	Part i. 24	O. WAS AN A PERPORM VES 2		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF E	DEATH (CA	eck only one)		1			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	oma 5 🗆 R	esidence	6 Other (S	pecify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIME	OF 28c.	NJURY AT WORK? YE\$ 2	_			JURY OCCURED			
ETED 8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At he i, etc. (Specify)	ma, farm, s	treet, factory, o	ffice		28f. LOCATI City or	ON (Street an fown, State)	nd Number or Rural	I Route Number,		
COMPLE	29a. CERTIFIER 1 ☐ CERTIFYING PHYSION9) 2 ☐ MEDICAL EXAMINE										o(a) and manner as stated.		
TO BE C	296. SIGNATURE AND TUTLE OF CERTIFIE	Cr	13	M	Δ.	29c, LIC	ENSE NUI	MBER 035	3-	29d. DATE SIGNE	ED (Month, Day, Year) 4 9 0		
F	30. MATHE AND ADDRESS OF PERSON WH	CRI	12	M 27) (Type	BON	SE	000	URS	H	LOSPI.	TAL		
	FEB 0.7 190	32. REGISTR	Davidson-V	Danda 90									
		GEORGE	Ananiation		-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 👣 🚻	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. Cremation, or remove	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	
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	FOR STATE REGISTRAR		STATE OF MARYLA	ND / DEPA CERTII					MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, I	Middle, Last)	m	WEDDECA.	DOI	DIC				OF DEATH			3. TIME OF DEATH		
	Thereso	a C	JOWNS 1	HERESA	DOV	MN2			MONT	н <u>р</u>	30	YEAR	7:00 A		
	4. SOCIAL SECURITY NUMBER	R 5	SEX 6. AGE (In	yrs. leat birthday,			IF UNDER			OF BIRTH		6. BIRTH	PLACE (State or Foreign		
	217-62-5168	1	□M2XF 3	7 YRS.	MONTHS	DAYS	HOURS	MIN.	977	17752 BA		BAL	TIMORE, MD.		
	9a. FACILITY NAME (If not inst	titution, give stree	t and number)		9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF DI			
DIRECTOR	UNIVERSITY	HOSPI	TAL		BAI	LTIMO	ORE,	MARY	LANI)					
5	RESIDENCE OF DECI	10b. COUNTY		100 0	TY, TOWN	OBTOCA	TION						10d, INSIDE CITY		
<u> </u>	MARYLAND	1001 0001111			LTIM			T.ANT)				LIMITS?		
	10e. STREET AND NUMBER			DIX	DITTI		. ZIP COD				10- OIT	751 05 11	1 YES 2 NO		
RA		TDD 477D	DATEMODE	MADST	A NTD	100	21215						HAT COUNTRY?		
빌			, BALTIMORE,								US				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X N 3 Widowed 4 Divorce	Aarried	2. WAS DECEDENT EVER IN I FORCES? 1 TYPES IF YES, GIVE WAR OR DAT	2 NO	13	If yes, sp		n, Maxica	n, Puerto	N? (Specify Yes Rican, etc.)	or No	14. RACE Black Specifi BLA	,— American Indian, , White, etc. ČK		
		DENT'S EDUCAT		16a. DECEDENT					161	. KIND OF BU	SINESS/INC	DUSTRY			
COMPLETED	(Specify only Elementary/Secondary (0-1	highest grade col	mpleted) College (1-4 or 5+)	(Give kind o life. Do NOT	f work done use retired.,	during mo	ast of working	20							
4	12								- 1						
O	17. FATHER'S NAME (First, Mid	idio, Last)					18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)	-			
	ALBERT	COOPE	R				EI	NORA	A (COOPER					
BE	19a, INFORMANT'S NAME (Ty)			19b. MAILIN	G ADORES	SS (Street a	nd Numbe	or Rural I	Route Num	ber, City or Tow	n. State. Zic	Code)			
2		DOWTN		100						MORE, 1			21215		
	20g. METHOD OF DISPOSITION 1 No Burial 2 Cremation 4 Donation 5 Other (al from State Al	PLACE OF DISPONENT PLACE OF DISP							CATION -		wn, State YLAND		
	BI. BIGHATURE OF FUNERAL	SERVICE LICEN	Della Park		E	STEP		CHERS	S FU	NERAL BALTI					
	23. PART I. Enter the dis shock, pr he IMMEDIATE CAUSE (Fina disease or condition resulting in deeth)	ert feilure. Lis	prolice to that cause on each only one cause on each only one cause on each only one to one as a cause of the cause on each one of the cause of the	onia		er the mo	ode of dy	Ing, suc	h as car	diac or reep	iratory sn	rest,	Approximate Intervel Between Onset and Death		
CERTIFICATION	Sequentially list condition if any, leading to immed couse. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	iete NG y c	DUE TO (OR AS A C) DUE TO (OR AS A C) HTV		E P	AIL	IRE								
MEDICAL	PART II. Other significan	nt conditions	contributing to death bu	t not resulting	g in the u	inderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFO 1 YES	RMED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL				00.0	LACE OF	EATH OL							
[[EXAMINER?		QSPITAL:		ОТНЕ	R:	LACE OF D								
≥	1 YES 2 NO	'	Inputient 2 - ER/Outpe			_		asidence		er (Specify)					
	27. MANNER OF DEATH 1 Netural 5 F		IME OF NJURY M	W	JURY AT ORK? YES 2	⊒ NO	26d. DE	ESCRIBE HOW INJURY OCCURED							
red BY	3 Suicide 6 C	Could not be letermined	— At home, farm	, street, fa				261. LO	CATION (Street or Town, State,	ATION (Street and Number or Rural Route Number, or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.														
B	29b. SIGNATURE AND TITLE	OF CERTIFIER							ATE SIGNEO (Month, Day, Year)						
2	30 NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF DEA		ne Deleti							- /	- N		

Jacke MD 1205

296. SIGNATURE AND TITLE OF CERTIFIER

HOUSE
STAFF

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MARYLAND 21203-3146	PHYSICIAN: The law requires that the death certificate be executed within 2s nours after each page of the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the firmula difference is an outed be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ON OF VITAL RECORDS, P.O. BOX 13146,	be executed within a	cian and completely	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic event, th
O. BC	certificate	ling physi	ygiene pr	other t
P.	death	e attend	Mental H	ury, or
RECORDS	v requires that the	been signed by th	t. of Health and Iv	shows any inj
'ITAL	N: The law	ficate has	State Dep	Item 23
DF V	HYSICIA	his certi	with the	ed, or
NC	JING PI	After th	death y	mark

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nows after earth to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinate.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF HI		IENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	DAVIES			2. DATE OF OEATH DAY	Q YEAR	3. TIME OF DEATH
OR		- 00	YRS. MONTHS DAYS	FUNDER 24 HRS. HOURS MIN. R LOCATION OF DEJ	7. DATE OF BIRTH 3 - 12 - 09 ATH CITY 9c.	COUNTY OF C	HPLACE (State or Foreign
AL DIRECTOR	10a. STATE , 10b. COUNTY 10a. STATE , 10b. COUNTY 10b. STREET AND NUMBERY	10	De. CITY TOWN OR LOCATION 101.	MUY U	10g	. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 PES 2 NO WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12. 1 Never Merried 2 P Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PRO IF YES, GIVE WAR OR DATES	If yes, spe		C ORIGIN? (Specify Yes or Ni , Puerto Rican, atc.)	D- 14. RACI Blac Bpg	E - American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	pleted) (Give ki	ENT'S USUAL OCCUPATIO ind of work done during mos NOT use retired.)	N at of working	16b. KIND OF BUSINES	S/INOUSTRY	, , ,
00	17. FATHER'S NAME (First, Middle Last)	,		18. MOTHER'S NAM	NE (First, Middle, Maiden Surna	ime)	
BE	JOHN DAU	7/5		NAO	mi DA	215	
0	19a. INFORMANT'S NAME (Type/Print)	Tay 100. M	AILING ADORESSYSTROOT OF	nd Number or Rural R	oute Number, City or Town, Sta	to Zip Code	01017
	20a. MSTHOD OF DISPOSITION 1 B Burial 2 Cremation 3 Removal		DISPOSITION (Name of com	notory, cromotory or	20c. LOCATIO	DN — City or To	own, Stata
5	21. SIGNATURE OF FUNERAL SERVICE LICENS	IEE .	22. NAME AN	D ADDRESS OF FAC	Wiss FUN	1-01	Home,
*	Doseph L	Russ	220	240,NO	xTh Ave	BALL	5. md 212K
	23. PART i. Enter the diseases, or com ahock, or heart fellure. List	plications that caused the death. only one cause on each line.	. Do not enter the mod	de of dying, auch	ee cerdlec or respirator	ry arrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s	Meta OUE TO (OR AS A CONSEQUE)		Prosta	te Care	inne	Onset and Death
_		OUE TO (OH AS A CONSCORE		mi 9			
Ö	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS A CONSEQUE	NCE OF):	1	nt faulu		
S	cause. Enter UNDERLYING CAUSE (Disease or Injury		Congo 14	re her	in partir	~_	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE			U		
SER	d						
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to death but not reau	ilting in the underlying	g cause given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 P	7	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		28. PL	ACE OF DEATH (Chi	ck only one)		
SIC		OSPITAL: ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ i	OTHER:	e 5 🗆 Residence			
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation		Bb. TIME OF 28c. INJURY WO		28d. DESCRIBE HOW INJUR	Y OCCURED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, building, stc. (Specify)	farm, street, factory, office		281. LOCATION (Street and N City or Town, State)	umber or Rural	Route Number,
COMPLETED	one)	N: To the best of my knowledge, death on the besis of examination and/or inves					(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	nJ) 30 (041	2/	0 (Month, Dey, Year) 6 1 9 0
10	30. NAME AND ADDRESS OF PERSON WHO C		Suite 30	8 82	1 N. Esta	in St	Balt 10 21201
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					
1	FFB 06 1990 440	Davidson-Rendell					

6:42 a.

2. DATE OF DEATH
MONTH
Feb. 6, 1990

John

DiBlasi Sr.

be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within New John after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turn be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical element.

	217-18-317		1 M 2 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	nth, Day, Year)	/1022	Country)	vland
	9a. FACILITY NAME (If not in		22			9b. CITY,	TOWN C	OR LOCATION	ON OF DE		11011/		NTY OF OE	
DIRECTOR	Harbor H	lospi	tal Cen	ter		Bal	Lto.	Cit	y,M	d.		_		
ا <u>بر</u> ا	10e. STATE	10b. COUNT	ſ		10c. CIT	c. CITY, TOWN OR LOCATION 10d. IN								10d. INSIDE CITY LIMITS?
	Maryland	-		_	В	alto	.Ci	Lty,	Md.					XYES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP COOE 10g. CITIZEN OF 1							HAT COUNTRY?	
ÿ		.For	t Ave.									USA		
BY FU	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 1	NO								- American Indian, White, etc. White	
ED	15. OEC	EDENT'S EDU	CATION	16a DE	CEDENT'S	USUAL OC	CCUPATIO	ON ast of working	00	10	6b. KIND OF E	USINESS/IND	USTRY	
COMPLETED	(Specify only highest grade completed) College (1-4 or 5+)										0.			
NO.	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame)													
BE (Joseph John DiBlasi Frances Rotondo													
10	196. INFORMANT'S NAME (Type/Print) Mrs.Mary Margaret DiBlasi 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 445-E. Fort Ave. Balto. Md. 21230													
	20sr METHOD OF DISPOSITION 1 Burlel 2 Crametion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 4 Donetion 5 Other (Specify) A A CO Md													rn, State
	4 Donetion 5 Other 21. SIGNATURE OF FUNERA		TAILET .	Cedar	Hil.			Cery		60 ITV		A.A.		
	21. SIGNATURE OF FUNERA	L SERVICE LI	AL II	// /										d.21230
	McCully Funeral Home, 130 E. Fort Ave. 23. PART I. Enter the diseases, or complications that objused the deeth. DD not enter the mode of dying, such as cardiac or respiratory strest, Approximate													
	ahock, or heart fellure. Liet only one cause on each line. Interval Between Onset and Death													
	disease or condition ACLITE CEREBRAL INFARCTION													
	DUE TO (OR AS A CONSEQUENCE OF):													
NO O	Sequentially list conditions, If any leading to immediate Due TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Cause. Enter UNDERLYING A THE A O SCUE A O TIC CARDIO VASCULAR DISEASE!											-		
Ē	that Initiated events OUE TO (OR AS A CONSEQUENCE OF):													
EH	resulting in death) LAST													
	PART II. Other significe								given in	Part I.		AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC	RECEN	1 AC	WITE F	ru-riki	11	- L ME	523	~			1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL														1 TYES 2 NO
ICIAN:	25. WAS CASE REFERRED T	~ 14501041												
ICI/	EXAMINER? 1 YES 2 NO	U MEDICAL	HOSPITAL:	☐ ER/Outpatient	2 004	OTHER	_	LACE OF D			ther (Specify)			
PHYS	27. MANNER OF DEATH		28e. DATE O	FINJURY	28b, TIN	AE OF	28c. IN.	JURY AT	eeldance	_	DESCRIBE HO	W INJURY OC	CURED	
ВУ Р	1 Natural 5 2 Accident	Pending Investigation	(Month, I	Day, Year)	IN	JURY M		YES 2	□ NO					
	0 O 0 1114	Could not be determined	28e. PLACE (building	OF INJURY — At h, etc. (Specify)	ome, farm,	street, fact	tory, offic				OCATION (Streetly or Town, Ste		r or Rural A	oute Number,
COMPLETED	and		ICIAN: To the best of											and manner as stated.
BE														
일									-	-				*
	30. NAME AND ADDRESS OF	III PI	O COMPLETEO CAL	ALTIM	A 8		,	212	0 2	2				
	30 ST. PA 30 ST. PA 31 DATE FILED (Month, Day, FEB 07 195	UL PI		ALTIM	A 8			212	0.2	2				

minimized by the hospital or attending physician.

mould be detached for use as the burial-transit permit, Pages 1, 2, 3 should JARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. In THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral on be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13

		1. DECEDENT'S NAME (First,	Middle, Last)										TE OF DEATH		12.7	3. TIME OF DEATH	
		Botty La	SLLI SS	- Davi	2							MOI	NTH DA	(Y	10	09 10 17.	
		4. SOCIAL SECURITY NUMB	7 17 17 17	5. SEX	6. AGE (In	yrs. lest	birthday)	IF UND	ER 1 YEAR	IF UNDE	ER 24 HRS.	7, DAT	TE OF BIRTH			L BIRTHPLACE (State or Foreign	
		216-24-79	158	1 M 2 F	65	7/	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mc	onth, Day, Year)	,,	Count	"Ohio	
		9a. FACILITY NAME (If not in	etitution nim e		00	_		ah Cr	TV TOWN	ORLOCAT	TION OF DE	EATH	123/20	201	NTY OF D		
	œ	CI D-O	1.1	spital				10	11:			EAIN		112.0	N/A	CAIN	
	2	RESIDENCE OF DEC		SPITEL				10	alti	mo	12				1/ /1		
	입	10e. STATE	10b. COUNT	r			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY	
-	DIRECTOR	MD	N/	A			B	1 lt	im	51-6						LIMITS?	
		10e. STREET AND NUMBER								r, ZIP COI	DE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
	FUNERAL	142 (00000	St.	Apt 41	6					212	20)				USA		
	ξ	11. MARITAL STATUS	7	12. WAS DECEDER									E — American Indian.				
		1 Never Married 2	Married	FORCES?					enn, Puerto Rican, etc.) Bia			Spec	k, White, etc.				
	BY	3 Widowed 4 Divo	rced	11 120, 0112	THE COLUMN					A.	у просин	<i>y</i> -			фес	"White	
- 1	COMPLETED		EDENT'S EDU			16a. DE	CEDENT'S	ENT'S USUAL OCCUPATION Ind of work done during most of working NOT use retired.)					DUSTRY				
	ET	Elementary/Secondary (0	y highest grade 3-12)	College (1-4 or 5	+)	life.	Do NOT u	work don se retired	t.)	ost or work	ung						
	집	8th			1	Ho	Homemaker					Housewife					
a)	0	17. FATHER'S NAME (First, M	liddle, Last)				18. MOTHER'S NA					ME (Firs	st, Middle, Maiden	Sumame)			
at	C	C	arroll			Lo	dwic	k			Edna	l	Philli	ips	Lody	rick	
Red	00	19a. INFORMANT'S NAME (7	Type/Print)			19b	. MAILING	ADDRE	SS (Street	and Numb	er or Rural I	Route N	umber, City or Town	n, State, Zi	o Code)		
not	2	Mr. Charles E. Davis 19b. MAILING ADDRESS (Street and Number or Aural Acute Number, City or Town, State, Zip Code) 1 West Conway St., #416 Baltimore, Md.										. 21201					
pe 1		20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State															
SNE		4 Donation s other (Specify) Glen Haven Memorial Park Glen Burnie, Mary land															
ner		21. SIGNATURE OF FUNERA	L SERVICE LI		Ecke	10 2	2 MAME A	ND ADDR	ESC OF EA	CILITY		D	. 1. 7				
other traumatic event, the medical examiner must be notified at once.		>	_8	E	evin		_	M	cCul 237 E	ly ⊦ι Ξ. Ρά	unera ataps	II H SCO	lome of Ave., B	Bro alto	юкту ., М	n d. 21225	
IIcal		23. PART I. Enter the d														Approximste	
med		shock, or h IMMEDIATE CAUSE (Fit		Liat Dnly Dne ce	use DN ee	ch iine										Onset and Deat	
# e		disease or condition	nai	Bit	a D	0.4	~ 0		the state of				4			5days	
ent,		reculting in death)		DUE TO	OR AS A	CONSEC	DUENCE O	NF):	Ph	eu	m Con	ALL				30009	
S S	-								•								
mat	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):															
喜	8	cause. Enter UNDERLYING															
her	Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):															
0 0	티	resulting in death) LAS	T	d.													
===	_																
any Injury,	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO															
	음	W MSu L	Lu	depen	da	4	- 6	ua	ber	es N	nell	in	1 YES 2	MO		OF DEATH?	
	뿔	DSIP (R)	mai	LUGO ON	ua_	10	se e	ho	n u	ille	eru	esc	214			1 TES 2 NO	
23 sh	ż	3) Hirsui	Sur	0					(Dh	Qui)	deg	3/2				
Item 2	8	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:						PLACE OF	DEATH (Ch	heck only	y one)				
or Ite	Sign	1 YES 2 NO		1 Inpatient 2	☐ ER/Outpe	stient 3	□ DOA	OTH 4 🗆 N		me 5 🗆 1	Residence	6 🗆 0	Other (Specify)				
0,0	PHYSICIAN:	27. MANNER OF DEATH		28a, DATE O	F INJURY Day, Year)		28b, TIA	ME OF		JURY AT	_	28d.	DEŞCRIBE HOW I	NJURY O	CURED		
arke	ВУР	1 Netural 5 2 Accident	Pending Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200.7			M			□ NO		-				
Is marked,		• 🗆 • • • • • • • • • • • • • • • • • •	Could not be	20s. PLACE	OF INJURY	— Al ho	me, ferm,	street, f	actory, offi	ce			LOCATION (Street of City or Town, State)		or Aural	Route Number,	
28	ш	4 Homicide	determined	bullang	y, and topoch	" " " " " " " " " " " " " " " " " " " "	_						only or lown, State)	_			
Item	틸	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	of my knowle	edge, de	ath occur	red at th	e time, dat	e and place	ce, and due	e to the	cause(a) and mar	nner ee etr	eted.		
=	COMPL	(Ordon only														s) and menner as stated.	
TAN	_	29b. SIGNATURE AND TITLE	F OF CERTIFIE	R						T 200 II	ICENSE NU	MBED		204 04	TE CICNE	O (Mpnth, Day, Year)	
IMPORTANT:	1 120 gr									0							
≧	임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)															
		KOMAL K. DANG M.D. 3455, Wilkens Ave, Balfo, Md-21229															
		31. PATE FRED CHOPP. 9	190 9	ul Patrice	Wes Blow	of the last									,		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	Marie Ma	rgaretha	Ermatow	ski	2. DATE OF DEATH DOWNTH	3- 9°	3. TIME OF DEATH 1 (14 Pm			
	4. SOCIAL SECURITY NUMBER 217-22-4649	1 - M 2 /	E (In yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	7 0	IRTHPLACE (State or Foreign pountry) McLe			
CTOR	9a. FACILITY NAME (IT not Institution, give st Francis Scott Key RESIDENCE OF DECEDENT	The state of the s	nter		timore	АТН	9c. COUNTY C	ity.			
- DIRECTOR	10a, STATE 10b, COUNTY Md. 10b, COUNTY			Baltimon	e			10d. INSIDE CITY LIMITS? 1 YES 2 NO DE WHAT COUNTRY?			
FUNERAL	640 S. Potomac S	Street 12. WAS DECEDENT EVE	RIN II S ARMED	2/224							
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)									
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOWSEWAR At Home									
BE CON	17. FATHER'S NAME (First, Middle, Last) David Williams 16. MOTHER'S NAME (First, Middle, Maiden Surname) Anna M. Fritz										
10	19a. INFORMANT'S NAME (Type/Print) 19b. Malling address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of completely, crematory or 20c. LOCATION — City or Town, State										
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetton 3 Remo 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from Stata	other place) AA	urt arm	metery, cremetory or sel Cemetory ND ADDRESS OF FA		to. Cis	ty, Md.			
	· Charles	G. Jul	سا			iler & Son		101 S. onkling St.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO OR AS A CONSEQUENCE OF:										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Covonar 4 Dyfury Dylease DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Ventricules An europsy Finding 1 24a, Was an autopsy Performed? 1 Yes 2 24b WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 240 24b WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 K NO	HOSPITAL:	outpetlent 3 DOA	OTHER:	LACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUF (Month, Day, Yea	r) IN	M 1 □	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJU- building, atc. (S	JRY — At home, farm, pecify)	atreet, factory, offic	-	281. LOCATION (Street City or Town, State		ural Route Number,			
COMPLETED	anal	CIAN: To the best of my kr						use(a) and manner ee stated.			
TO BE	299L SIGNATURE AND TITLE OF CERTIFIER	ell Mo	Senior	Rendest	29c. LICENSE NUI	82	29d. DATE SIG	MED (Month, pay, Year)			
	31.10ATE ELECTIVATION (WAIT)	7, telell 1	10 Fr	e, Print)	At ke	y Medica	I Con	ter Balto 171			
	LED 0 1 1990 80	wat home and a	THE STATE OF THE S			,					

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h. Ples thank to reserved by the hospital or attending physician.	eral for the property amound be detached for use as the bunda-transit permit. Pages 1, 2, 3 should	niner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The formal manner by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral process of the delached for use as the bund-transit permit. Pages 1, 2, 3 s and delached for use as the bund-transit permit. Pages 1, 2, 3 s and delached for use as the bund-transit permit. Pages 1, 2, 3 s and delached for use as the bund-transit permit. Pages 1, 2, 3 s	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical graminer must be notified at once.

								9	0 (028	70		
	1 - FOR STATE REGISTRAR	STATE OF MARY				EALTH AND DEATH	MENTAL HYGIENI REG. NO.	E		15.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	Y	YEAR 3. 1	TIME OF DEA	гн		
	Eisenberg, Fr	rances	FRANCES	E. EIS	SENB	ERG	Feb 3			0:13	AM		
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AG	E (In yrs. last birthda	y) IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.	?. DATE OF BIRTH (Month, Day, Year)	1	Country)	CE (State or F	oreign		
	038-16-6744 1	I □ M 2 ☑ F	6) YRS	. WONTHS	DAYS	HOURS MIN.	11/24/28			SACHUS	SETT		
	9a. FACILITY NAME (If not institution, give stree	6 - 1		9b. CITY	TOWN C	R LOCATION OF DI	EATH	9c. COUNT	Y OF DEATH				
OR	Sinai Hospital	at Balt	imore		15 a	1 himor	e	-					
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		100	CITY, TOWN C	B LOCAT	ION			104	. INSIDE CIT	v		
DIRECTOR		BALTIMORE	100.							LIMITS?			
	10e. STREET AND NUMBER	MULLIONE		DF		MORE ZIP CODE		10a CITIZE		COUNTRY?	NO		
FUNERAL	6805 WESTRIDGE RD)			1		005	log. Offize	NOT WITH	COOMINIT			
NE.		2. WAS DECEDENT EVE	D IN II S ADMED	112	WILL OEC		207 NIC ORIGIN? (Specify Yes	ar No. 1	USA	American Ind	lan		
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S XXNO		It yes, sp		an, Puerlo Rican, etc.)	or No.	Bleck, Wi	nite, atc.	en,		
ED	15. DECEDENT'S EDUCAT	TION	16a, DECEDEN				16b. KIND OF BUS	INESS/INDU	STRY				
	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind Ille. Do NO	of work done (Luse retired.)	during mo	st of working							
4	12		l i	OUSEW	IFE		AT F	HOME					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)					
BEC	ABRAHAM COHEN					GER	TRUDE CREEM	1					
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2	MS. AMY EISENBERG		2]	4 MID	PTNF	S CT. (OWINGS MILE	S MD	211	17			
	20a METHOD OF DISPOSITION		20b. PLACE OF DIS				20c. LO	CATION - CI	ly or Town,	State			
	1 Surial 2 Cremation 3 Remove 4 Oonation 6 Other (Specify)	al from Stata	other place) SHAAF	EI ZI	ON			ROSED	ALE,	MD			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			NAME A	D ADDRESS OF FA			- 10				
	> foch 1	Lewis					SON & BROS.						
	23. PART Enter the diseases, or cor		eed the deeth. D	o not anter	the mo	de of dving, suc	RSTOWN RD.	ratory arre	et.	Approxim	215		
	hock, or haert feliure. Liet only one ceuse on each line. Interval Between Onset and Daeth												
	IMMEDIATE CADEE (Final disease or condition resulting in death) a. Metastatic Carcinoma - Brest onset and Daath												
	resulting in death) a. Metastatic Carcinoma Diest Due to (or as a consequence of):												
_	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions,	DUE TO (OR A	S A CONSEQUENCE	OF):									
Ä	If any, leading to immediate cause. Enter UNDERLYING												
FI	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):									
H	resulting in death) LAST												
O													
MEDICAL	PART II. Other algnificant conditions	contributing to deati	^		ndarlyln	g cause given in	Part I. 24a. WAS AN PERFOR		AVA	RE AUTOPSY I	OT F		
Did	Dia betes Ke	ma this	we ca	rdinc	45-	ine	1 TES 2	□ NO		MPLETION OF DEATH?	CAUSE		
ME	Kespin tony to	silve,	sepsis,	mal	Du	tai tim			1 [YES 2	NO		
ä	Paralleia T	horacic 1	Cyphosis										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1'	OTHE		LACE OF OEATH (C	heck only one)						
Z		Competient 2 - ER/C	Outpatient 3 🗆 DO			e 5 🗆 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Yes	RY 26b.	TIME OF INJURY	28c. IN.	URY AT	28d. DESCRIBE HOW 8	NJURY OCCU	JRED				
BY	1 Natural 5 Pending 2 Accident Investigation			М	1 🗌	YES 2 NO				. 16			
ED 8										Number,			
E	4 Homicide detarmined												
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.												
COMPLET	one) 2 MEDICAL EXAMINER:	On the beals of examine	ation end/or investig	ation, in my	opinion, d	leath occured at the	e time, date and place, an	d due to the	cause(s) an	d manner as	stated.		
E C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Mo	orith, Day, Year)		
0	Mulskill	md r	nark S. T	Zose- 4	Wend	030	667	1 2	13/9	O			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												

emb marks. Rose thems
who completed cause of death (ITEM 27) (Typo, Print)

31. DATE FILEF EB 0 19 1990

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		Pages	
	1	permit.	
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	FOR STATE REGISTRAR	TATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Lest)	EY	JOHNIE E	E EVANS		2. DATE OF DEATH	Y QYE	3. TIME OF DEATH					
	718-01-1973	XM 2 □ F 69	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/30/1920) N.°	OUNTRY CAROLINA					
TOR	9a. FACILITY NAME (If not institution, give street a UNIVERSITY HOSPITA RESIDENCE OF DECEDENT				ORE, MARYI		9c. COUNTY	OF DEATH					
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			Y, TOWN OR LOC	MARYLANI)		10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
	10e. STREET AND NUMBER 17 - SOUTH CALVE	PTON PD I			01. ZIP CODE 21223		10g. CITIZEN	OF WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DI	ECENDENT OF HISPAN	NIC ORIGIN? (Specify Yea in, Puerlo Rican, etc.) y:	y Yee or No. 14. BACE - American Indien						
COMPLETED	15. DECEOENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)	ON pleted) pilege (1-4 or 8+)		work done during i se retired.)	nost of working	16b. KIND OF BUS							
OMP	12 17. FATHER'® NAME (First, Middle, Lest)		BETH	STEEL C		STEEL ME (First, Middle, Melden	WORKER Surname)						
BE C	BEN EVANS				LIZZ								
2	190. INFORMANT'S NAME (Type/Print) HENRIETTA EVANS		130 0.0%			Route Number, City or Tow							
	20s. METHOD OF DISPOSITION 1V Buriel 2 Cremation 3 Removal	from State		LOCATION — City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENS		J.A. CEME		AND ADDRESS OF FA		HAM, N.	С.					
	· Certage	ESTEP BROTHERS FUNERAL SERVICE, P. A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 23 PART Enter the disease of complications that caused the death. Do not enter the mode of dying, such as cardiac or receivage errors.											
CERTIFICATION	23. PART TEnter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errect, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
MEDICAL	PART II. Other significant conditions of Atria Flutte					Part J. 24e. WAS AN PERFOI	RMED?	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DONO					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	PLACE OF DEATH (C)								
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28c.	ome 5 Residence NJURY AT WORK? YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	:0					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, ec/ly)	atreet, factory, or	fice	281. LOCATION (Street City or Town, State)		tural Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 0							ruse(e) and menner ee stated.					
TO BE C	294 SIGNATURE AND TITLE OF CERTIFIER	Zm	M		29c. LICENSE NU	MBER	29d. DATE SIGNED (Morith, Day, Year) 02-02-90						
	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF D			outh Gre	une St. R	altimo	WL, MD 21201					
	FEB 07 1990 gul	Tana and	W.										

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to bunlal, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitlied at once.

٥.	1 - FOR STATE REGISTRAR	STATE OF MARYLA	CERTIF	CATE OF	DEATH	MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) Madeline L. Ferra	EEDDACI	T N	IADELL	NE	2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
	Madeline L. Ferra	cdi	- L V	MUCUI	700	2 024		3-35 M			
	214-22-0704	1 M 2 F	77, YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	12 8. BIR	THPLACE (State or Foreign intry) Md.			
AC.	9a. FACILITY NAME (If not institution, give st GODD Samarite	reet and number)		BALTI	HORE M	MRYLAND	9c. COUNTY OF	HUTIMORE HUTIMORE			
5	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		in an	Y, TOWN OR LOCAT							
DIRECTOR			10c. CIT		ION			10d. INSIDE CITY LIMITS?			
	Md. 10e. STREET AND NUMBER			Balto.	ZIP CODE		19a, CITIZEN OF	1 YES 2 NO			
RA	3504 Chesterfie	1d Ave			2121	3	USA				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea		CE American Indian, ack, White, atc.			
	1 Never Married 2 Married	FORCES? 1 YES			ecify Cuben, Maxica 2 NO Specify	n, Puerto Ricen, etc.)		ock, White, atc.			
ЭВУ	3 Widowed 4 Divorced										
COMPLETED	(Specify only highest grade completed)			VOIK done during mo		16b. KIND OF BUS	INESS/INDUSTRY				
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Salespe			Hochs	ahild				
ME	17. FATHER'S NAME (First, Middle, Last)		baresp	erson	18 MOTHER'S NA	ME (First, Middle, Maiden 1					
E C	Vincent Romeo				C 200	ne Farraro	norman ray				
00	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Town	, State, Zip Code)				
2	Michael J. Ferrac	ci	3504	Chesterf	ield Ave	. Balto.,	Md. 212	13			
	Michael J. Ferracci 3504 Chesterfield Ave. Balto., Md. 21213 20s. METHOD OF DISPOSITION 1 X Burlai 2 Cremetton 3 Removal from State of the place) 20c. LOCATION — City or Town, State of the place)										
	4 Donation 5 Other (Specify) PArkwood Cem. Balto., m										
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		John	C. MIIIe	r Inc.					
	Delan X1	Lale		6415	Belair R	d. Balto.,	Md. 21	206			
1	23. PART I. Enter the diseases, or o	complications that ceused List only one ceuse on ea	the death. Do n	not enter the mp	de of dying, suc	h as cerdiec or respli	atory arrest,	Approximats interval Between			
		-111.00.00		2				Onset and Death			
	disease or condition resulting in deeth)	. Metas			reast	Conce	~				
		DUE TO (OR AS A									
ON	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
E	If any, leading to immediate cause. Enter UNDERLYING										
Ħ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
	PART II. Other significant condition	a contributing to death bu	ut not resulting	in the underlyin	g cause given in	Part I. 24a, WAS AN		4b. WERE AUTOPSY FINDINGS			
MEDICAL						PERFOR 1 YES 2		MAILABLE PRIOR TO COMPLETION OF CAUSE			
밀				_		_ ' ' '	X	DF DEATH?			
						_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSSITAL			ACE OF DEATH (Ch	eck only one)					
1Si	1 TES 2 NO	HOSPITAL: 1 Nonetient 2 ER/Output	itlant 3 🗆 DOA	OTHER: 4 Nursing Hore	e 5 🗆 Rasidence	6 Other (Specify)					
PH	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIM	JURY WO	PRK?	28d. DEŞCRIBE HOW IF	JURY OCCURED				
ВУ	2 Accident Investigation			- M 1		-					
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Speci	— At home, farm, i	street, factory, offic	•	26f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,			
COMPLETED	29a. CERTIFIER										
MPI	(Check only	ICIAN: To the best of my knowle ER: On the bests of examination						40			
8		67		on, in my opinion, t							
BE	296. SIGNATURE AND TITLE OF CERTIFIED	" House off	icer (PGY-1)	29c. LICENSE NUI	MBER	29d. DATE SIGN	190 . 335 P			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type	, Print)		Δ.					
	GOOD Somantan Hospital, Loch Raver Blvd, BATIMORE MD.										
	31. DATE FILED (Month, Day, Year) FEB 0 6 1	990 Julia Davi	don Jand	WE							

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Just death. Page 6 may be reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st	be fied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	SIAIE UF MA		RTIF	ICATE	OF	DEAT	H	MENIA	REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	of DEATN DA	Y	YEAR	3. TIME OF DEATN
1	<u>Latoria</u> (<u>Latoya</u>)	La sev			elds				_				8:26AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b	YRS.	MONTHS 5	DAYS	HOURE	MIN.	(Monti	of BIRTN h, Day, Year) -7-89		6. BIRTN Country	PLACE (State or Foreign y) Md
OR	90. FACILITY NAME (If not institution, give s Harbor Hospital	treet and number)			,		LOCATIO				9c. COU	NTY OF D	EATH
DIRECTOR	10a. STATE 10b. COUNT	Y			y, TOWN O		ION						10d. INSIDE CITY LIMITS? 1 A YES 2 NO
ا _د	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	ZEN OF W	WHAT COUNTRY?
FUNERAL	1112 Cherry H	ill Road					2122	25			USA		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO		1	f yes, spe		, Mexice	n, Puerto	1? (Specify Yes Rican, atc.)	or No—	14. RACE Bleck Speci	- American Indien, k, White, etc. by: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	kind of v	USUAL OC work done o se retired.)	CUPATIO	N st of working	g	168	. KIND OF BUS	SINESS/INC	DUSTRY			
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)												
BE C	Troy L. Fields Sheron Lambert												
2	190. INFORMANT'S NAME (Type/Print) Sheron & Troy Fields 190. MAILING ADORESS (Street and Number of Rural Road Balto, Md 21225												25
	20e, METNOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE Of other place Cedar	:01				atory or			cation – e Ar		wn, state 1 Co, Md
	21. SIGNATURE OF FUNERAL SERVICE OF	CENSEE	1		22. I	NAME AN	F/H	We	st	enue			
NC	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) s. MICROENCEPHALY oue to (or as a consequence of): INTRAUTERINE CEREBRAL INFARCTS Sequentielly liet conditions, Due to (or as a consequence of):												
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST												
PHYSICIAN: MEDICAL C	PERFORMED? XX YES 2 NO DFE										WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XXYES 2 \(\text{NO} \) NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF O	EATN (Ch	eck only o	ne)			
IX SI	XXXYES 2 NO	1 - Inpatient 2			4 🗆 Nun	sing Nom	6 G Re	sidence			AL HIGH O	011050	
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,		28b. TIN	JURY M		YES 2) NO	26d. DE	SCRIBE NOW I	NJUHY OC	CURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF I building, etc	NJURY — At hom c. (Specify)	ne, farm,	street, fact	lory, offic	•			CATION (Street of or Town, State)		r or Rural i	Floute Number,
COMPLETED	298. CERTIFIER (Check only one) 1 CERTIFYING PNYS	ER: On the basis of exer											e) end manner sa stated.
8	296. LICENSE NUMBER 29d. DATE SIGNED (Month) 29d. DATE SIGNED (Month)										(Moreth, Day, Year) 2–90 REISSUE		
٩	30. NAME AND ADDRESS OF PERSON W MARGARITA A. KO		OF OEATN (ITEM			enn	Stre	et.I	Balt	imore,	MD 21		V
	31. DATE FILED MEDIT BOY 1007 190	0 32 REGISTRAT	S SIGNATURE					- 7 -					V
		11/											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the first of the state of the stat

		/ DEPARTMENT OF H		ENTAL HYGIENI	E							
	1. DECEDENT'S NAME (First, Middle, Last) (ELSIE R.FRAN	IKF RAN K		2. DATE OF DEATH DA	/ SYEAR	3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. 1 □ M 2 □ 74	YRS. FUNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	Countr	IPLACE (State or Foreign y) PENNSYLVANIA						
TOR	9a. FACILITY NAME (If not institution, give street and number) HILEORD HANDRE	9h. CITY, TOWN C	OR LOCATION OF DEA	M.D. 3120	BALTIMORE							
DIRECTOR	10a. STATE 10b. COUNTY BALTIMORE	10c. CITY, TOWN OR LOCAT BALTI		-		10d. INSIDE CITY LIMITS? YES 2 NO						
FUNERAL	3307 GREENWALE RD.		21208	1	10g. CITIZEN OF V	YHAT COUNTRY?						
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. MAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 (IF YES, GIVE WAR OR DATES)	NO If yes, sp	ENDENT OF HISPANIC ecify Cuben, Mexican, 2 X NO Specify:	C ORIGIN? (Specify Yes Puerto Ricen, etc.)								
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY 6 during most of working 3										
MP	17. FATHER'S NAME (First, Middle, Lest)	SALESLA			L ESTATE							
				E (First, Middle, Maiden :								
TO BE	BENJAMIN ROSNER 198. INFORMANT'S NAME (Type/Print) MR. MERLE JACK FRANK 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3307 GREENVALE RD. BALTO., MD 21208											
	1 Burial 2 Cremation 3 Removal from State other	CE OF DISPOSITION (Name of cer r place)			EISTERSTY							
	21. SIGNATURE OF FUNERAL SERVICE LICENSÉE CULTURE CULTU	, INC.	21215									
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Coroucky Arkery oly corp. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to deeth but no	ot resulting in the underlyin	g cause given in P	PERFOR		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	QTHEM:	ACE OF DEATH (Chec	ck only one)								
	1 Pending 1 inpatient 2 ER/Outpatient 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1NJURY WC	RK?	Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURED							
TED BY	2 Accident Investigation	home, farm, street, factory, offic	YES 2 NO	28f, LOCATION (Street a City or Town, State)	nd Number or Rurel I	Route Number,						
COMPLETED	29e. CERTIFIER (Check only one) 1 MERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the basts of examination and					a) and manner as stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUME	BER	29d. DATE SIGNED	(Morith, Day, Year)						
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) PETER Description of the person who completed cause of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Description of Death (ITEM 27) (Type, Print) Descrip											
	31. DATE TE BUT ON 101990 STATE PERSONAL PROPERTY OF THE PERSON NAMED OF THE PERSON NA											

the med within 12 from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

would be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ed by the hospital or attending physician. ARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE

REGISTRAR				CERTI	FICAL	E OF	DEA	IH	REG.	10.			
1. DECEDENT'S NAME (First,									2. DATE OF DEATH MONTH 2/4/90	DAY	YEAR	3. TIME OF DEATH 0653 M	
4. SOCYAL SECURITY NUMB		5. SEX		rrs. lest birthdey) IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		8. BIRT	THPLACE (State or Foreign	
121-56-3377		1 M 2 XF	68	THS.					1/19/2				
9a. FACILITY NAME (If not ins			1				OR LOCATI				UNTY OF		
Calvert Mem		nospica.	L .		Prince Frederick						Calvert		
10e. STATE	10b. COUNT	Υ		10c. C	ITY, TOWN	OR LOCA	TION			10d. INSIDE CITY			
NEW YORK	DUC	HESS		1	POUGH							1 Tes 2XX NO	
82 GLENWOOD	AVE.				10f. ZIP CODE 12603					10g. CITIZEN OF WHAT C			
11. MARITAL STATUS		12. WAS DECEDED			13.				NIC ORIGIN? (Specify	Yee or No-	14. RAC	CE — American Indian, ck, White, etc.	
1 Never Married 2 X 3 Widowed 4 Divo	Merried	IF YES, GIVE			If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:							olly: WHITE	
	EDENT'S EDU		10	Sa. DECEDENT	'S USUAL C	CCUPATI	ON		16b. KIND OF	BUSINESS/II	NDUSTRY		
Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	of work done use retired.))	ost of world	ng	-				
12				HOUSEWIFE					OWI	HOME	5		
17. FATHER'S NAME (First, Middle, Lest)							18. MOT	HER'S NA	ME (First, Middle, Mei	len Surname,			
NATHAN SHER									IE SADOW				
19e, INFORMANT'S NAME (7)	-			19b. MAILII	NG ADDRES	S (Street a	and Numbe	or Aural	Route Number, City or IKEEPSIE,	Town, State, 2	Zip Code)		
SAMUEL FORM													
20a. METHOO OF DISPOSITION 20b. PLACE OF DI 1 Burlel 2 Cremetton 3 Removal from Stafe 4 Donation 5 Other (Specify) RIVERSI						OSITION (Name of cametery, crametory or Post ROCHELLE PAR							
21. BIGHATURE OF FUNERAL	L SERVICE LI	GENERE			22	NAME A	NO ADDRE	SS OF FA	CILIT'SOL LE	VINSO	N ANI	BROS., INC.	
► Varia	6010 REISTERSTOWN RD. BALTO., MD. 21215												
shock, or he	23 PART I Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death Approximate Interval Between Onset and Death												
Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	diate ING Iry	c	OR AS A C	ONSEQUENCE	OF):	NO	u	d	rsla	L	•		
PART II. Other algnifica	nt conditio	ns contributing to	deeth but	not resultin	g in the u	nderiyin	g ceuse	given in		AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
										FORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 19NO	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	☐ ER/Outputi	ent 3 🗆 DOA	OTHE	R:			8 Other (Specify)				
27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. 1	IME OF		JURY AT		28d. DESCRIBE HO	W INJURY C	CCURED		
	Pending Investigation	(Month,	Day, Year)		NJURY M		YES 2 [NO					
3 Suicide 8	Could not be determined	28e. PLACE building	OF INJURY — I, etc. (Specify)	At home, fern	n, street, fa	ctory, offic	ie .		28f. LOCATION (Sti City or Town, S	et end Numi	oer or Rura	l Route Number,	
29a. CERTIFIER													
(Check only									to the cause(e) and time, date and place			(s) and manner ee stated.	
296. SIGNATURE AND TITLE	об бентин	m1/			-		29c. LIC	ENSE NU	MBER	29d. D.	ATE SIGNE	O _s (Month) Days, Year)	
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Dr Emad	Al-Bar			Frede		Ма	206	578		-		-	
31. DATE SILED NO. 1). Day.	1000	1			4 hope	144	200	1 0					
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PITAL OR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	crema	T. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR				MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) MELGELET VIN	dimensio M	Argaret	L.	Gend	dimenico	2. DATE O MONTH	D	AY 2/2/4	96	TIME OF DEATH
	4. SOCIAL DECURITY NUMBER 171-01-3903	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month Day Vac)					BIRTNPt Country)	PA.			
OR	96. FACILITY NAME (Il not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DI FALLSCARE FALLSCARE					EATN	blasfeel				
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Md. Baltimore			10c. CITY, TOWN OR LOCATION Middle River							0d. INSIDE CITY LIMITS? YES 2 X NO
	10m. STREET AND NUMBER 1546 Dornton Ave.			101. ZIP CODE 21220)	10g, CITIZEN OF WHA			AT COUNTRY?
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			RMED 13. WAS DECENDENT OF NISPANIC ORIGINAL Property Cuban, Maxican, Puerto 1 Yes 2 X NO Specify:			in, Puerto Al	Rican, atc.) Biaci			- American Indian, White, alc. Thite
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12) 8th	Cartion 16 completed) College (1-4 or 5+)	e. DECEOENT'S (Give kind of v We. Do NOT us HOUS	work done se retired.)	during mo		18b.	KIND OF BU	SINESS/INDUS		
	17. FATNER'S NAME (First, Middle, Lest) John Garzia			CWI		18. MOTNER'S NA		iddle, Maiden	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural	Route Numbe			-	1 21220
	Marie C. Strassner 20a. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State			2128 Graythorn Road Bal E OF DISPOSITION (Name of cemeter), cremetory or cleens of Faith Cemetery			20c. LOCATION City or Town, Slata				
	21. SIONAPORE OF FUNERAL SERVICE LICENSEE			s of Faith Cemetery Rossville Maryland 22. NAME AND ADDRESS OF FACILITY ConnellyFuneral Home 300MaceAve. 21221							
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. Liet only one cause on each line. Approximate interval Betw							Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL	PART II. Other algnificent condition	not resulting	in the u	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINING TO COMPLETION DE CA OF DEATN? 1 YES 2 NO 25 NO 25 NO 25 NO 26 NO 27				WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
PHYSICIAN:	YES 2 NO 1 Inpetient 2 CER/Outpetiant 3 DOA 4 Nursing Nome 5 Realdence 6 Other (Specify) 27. MANNER OF DEATN 1 Netural 5 Pending 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY WORK? M 1 YES 2 NO										
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, aic. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)					ute Number,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER LEY MED Elamenta 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Year) DO 1894 207. [90 30. NAME AND ADDRESS OF PERSONATING COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) PICHARD J. COLFER, MD 2013 TRYPE Cherical Print 210 34										
٢	30. NAME AND ADDRESS OF PERSONSAIN	372	offi Che	nell	RI M	y 210	3	4			
	31. DATE FILED (Month, Day, Year) 100	32 REGISTRAT'S GIGNATU	IR hande			7-3-6-1	0				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as dours after death. Page 6 may be many to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to set and within 20 hours after death with the State Deat, of Health and Mental Hotilete orior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 28 shows any injury, or other traumatic event, the medical examiner must be nower.

FOR STATE REGISTRAR	STATE OF MARYLAN		TE OF DEATH	MENIAL	REG. NO.			
	Green			2. DATE (OF DEATH DAY	YEAR 90	3. TIME OF DEATH	
219-28-5284	1 3 M 2 □ F	4 YRS. MONTH			1, 1925	Mary	land	
98. FACILITY NAME (II not institution, give street ince georges / 105) RESIDENCE OF DECEDENT	p CHr.	9b. C	Chevery	DEATH	9c. Ci	AG OF OF	EATN	
Maryland Prince	e Georges		N OR LOCATION VET Hills 101, ZIP CODE				10d. INSIDE CITY LIMITS? 1 XXES 2 NO	
7801 Old Ardwick	Ardmore Road		20784		10g. C	U. S.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO If yes, s			CENDENT OF NISPANIC ORIGIN? (Specify Yee or No— pecify Cuben, Mexican, Puerto Rican, etc.) S 2 NO Specify:			14. RACE — American Indian, Black, White, etc. Specify: Black	
15. OECEOENT'S EDUCA (Specify only highest grade oc Elementary/Secondary (0-12) 6th grade	ATION ompleted) 10 College (1-4 or 5+)	6a. OECEDENT'S USUAI (Give kind of work do life. Do NOT use ratins Butcher	one during most of working	16b.	kind of Business/		try	
17. FATNER'S NAME (First, Middle, Last)				AME (First, M	fiddle, Maiden Sumame		cly	
Kirby Green			Josep					
190. INFORMANT'S NAME (Type/Print) Della A. Green,	Wife	7801 OL	d Ardwick Ard	nore	Road, Lar	zip Code) ndover	Hills,Md	
21. BIGHATURE OF UNERAL SERVICE UCE	fort		ial Park 22. NAME AND ADDRESS OF F Johnson & Jen	kins	Inc., Was	shingt	on, D.C.200	
23. PARY I. Enter the diseases, or conshock, or heart failure. Li	implications that caused to	he death. Do not en h line.	Johnson & Jen	kins	Inc., Was	shingt	On, D.C.200 Approximate Interval Between Onset and Desth	
23. PARTY. Enter the diseases, or conshock, or heart failure. LI	implications that caused to	he death. Do not en h line. ONSEOUENCE OF): ONSEOUENCE OF):	Johnson & Jen	kins	Inc., Was	shingt	On, D.C.200 Approximate Interval Between Onset and Desth	
23 PARY. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	he death, Do not en h line. ONSEQUENCE OF): ONSEQUENCE OF):	Johnson & Jen ter the mode of dying, su Annest andre mage	kins ch se card	Inc., Was	shingt srrest, ocado rysro	On, D.C.200 Approximate Interval Between Onset and Death	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Fact the first the hospital or attending physician.	were mine is would be detached for use as the burial-tran)	2 T 10 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T
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thin 1	etely	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	44
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
est)		2. DATE OF OEATN MONTH DAY	
	W. GWYNN	02 04	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGI				
	1. OECEDENT'S NAME (First, Middle, Last) HOWARD	W. GWYNN				2. DATE OF GEATN DAY YEAR 3. TIME			TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 577-76-7912	5. SEX 8. AG	8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HR 34 YRS. MONTHS DAYS HOURS MIT			7. DATE OF BIRTH 10722755	7. DATE OF BIRTH 8. BIRTHPLACE (Ste			
LOR	PRINCE GEORGE'S	ME (If not institution, give street and number) E GEORGE S HOSPITAL CENTER 96. CITY, TOWN OR LOCATION OF CHEVERLY				PRINCE GEORGE [†] S				
AL DIRECTOR	10a. STATE 10b. COUNT Maryland Prince 10a. STREET AND NUMBER			Nome St		Chapel C		×	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY?	
BY FUNERAL	1313 Nome Street 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed Divorced				ENDENT OF NISPAN	United States ANIC ORIGIN? (Specify Yea or No 14. RACE American Indian, Black, Whita, atc.) Specify: Black				
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+) 2yrs. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) Mechanic			N it of working		BUSINESS/INC			
BE COM	17. FATNER'S NAME (First, Middle, Last) John T. Gwynn	17. FATNER'S NAME (First, Middle, Last) 16. MOTHER				ME (First, Middle, Mail	den Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) Louise T. Gwynn 190. MAILING ADDRESS (Street and Number or 1313 Nome St. Chape				Chapel	Oaks, MD	. 2074	3		
	20c METHOD OF DISPOSITION (Name Harmony Memoria) 4 Donation Other (Specify)			morial	Park	Landover, Maryland				
	21. SIGNATURÉ OF FUNERAL SERVICE LICENSES DE L'ALLES DE									
	23. PART I. Efter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart future. List only one ceuse on each line. IMMEDIATE/CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Autominume Deficicency Synahronic Due to (or as a consequence of): Cytomic galoriers Letitority Due to (or as a consequence of): Debydration.									
PHYSICIAN: MEDICAL O	PART II. Other algnificent condition	ne contributing to death	but not resulting in t	the underlying	g ceuse given in	PEF	S AN AUTOPSY RFORMED? S 2 \(\sum \) NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)				
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY AT WORK? (Month, Day, Year) 28b. TIME OF WORK? M 1 YES 2 N			RK?	26d. DEŞCRIBE NOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Nomicide determined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.									
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE	Ishwani Keunar Burings 1 2/5/90					1 1			
-	30. NAME AND ADDRESS OF PERSON W			int)				1		
	FEB 07 1990 full	32. REGISTRAR'S SI								

lending physician. as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

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	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	cremati	28 is marked or Item 23 shows any injury or other traumatic event, the medical exami-
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND	MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last) ALARNZE AI	ARNZE B GLASS	5	2. DATE OF DEATH MONTH DA	90	3. TIME OF DEATH PM		
	3. SOCIAL SECURITY NUMBER 5. SEX 2 4 1 2 8694 1 1 M 2	F 7d YRS. MON		7. DATE OF BIRTH (Month, Day Year)	118 V	1891112		
TOR	9a. FACILITY NAME (If not institution, give street and num BON SCCOVYS RESIDENCE OF DECEDENT	1 1	B2/ +/M 8/		Ba/	timore CIT		
DIRECTOR	MARYLAND 10b. COUNTY		WN OR LOCATION MORE, MARYLAN	ND		16d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	3330 WILKINS AVE, BA	LTIMORE, MARYLAND	10f. ZIP CODE		USA	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 12. WAS DE FORCE	CEDENT EVER IN U.S. ARMED 37 1 YES 2 NO GIVE WAR OR DATES	13. WAS DECENOENT OF HISP If yes, specify Cuban, Maxi- 1 YES 2 NO Specific	can, Puerto Rican, etc.)		E — American Indian, k, Whita, etc.		
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-12)	life Do NOT use reti	fone during most of working	16b. KIND OF BUS	BINESS/INDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) MANCHESTER GLASS		16. MOTHER'S N SUSIE	ADAMS GLA				
TO E	198. INFORMANT'S NAME (Type/Print) EDITH CORBETT		RESS (Street and Number or Rura			1 7		
	20a. METHOD OF DISPOSITION 1	20b. PLACE OF DISPOSITIO	N (Name of cemetery, crematory or	20c. LO	CATION — City or TO ONSVILLE	own, Stata		
	22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL SERVICE, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217							
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	na cause on each line.	1	•		Approximata interval Between Onset and Daath		
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contribut	ing to death but not reaulting in th	a underlying cause given i	Part I. 24a. WAS AN PERFOR	MED?	S. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
YSICIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpat lent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
ВУ РНУ	1 Natural 5 Pending	ATE OF INJURY fonth, Day, Year) 28b. TIME OF INJURY	M 1 YES 2 NO		(Specify) CRIBE HOW INJURY OCCUREO			
TED	2 Accident Investigation 3 Suicide a Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
BE COMPLETED	and)	best of my knowledge, death occurred at				a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CENTURE	10 31	29c. LICENSE N	2100	≥ 2//	(Month, Day, Year)		
10	Dr RAY Brodie	ED CAUSE OF DEATH (ITEM 27) (Type, Prin			5+- K	821+ md		
	31. DATE FILED (Magnet) Day, Year) 32. RE	GISTRAR'S SIGNATURE						
	1330 700	Apple House of the				DHMH-16 Rev 1/8		

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	OF DEATH	REG	NO.		
	1. DECEDENT'S NAME (First, Middle, Last) DORETHA	E. GIVENS				2. DATE OF DEA MONTH 2/4/1	гн 9 90°	YEAR	3. TIME OF DEATH 6 A.M. M
	4. SOCIAL SECURITY NUMBER 217-26-7504					7. DATE OF BIRT (Month, Day, Ye 4/19/	1931	6. BIRTHP Country) MARYI	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give a	The second		9b. CITY, TO	WN OR LOCATION OF DE	EATH	9c. COL	UNTY OF DE	АТН
DIRECTOR	869 REINHART ST	REET,		BALTI	MORE, MARY	ZLAND			
E C	10e. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR L	DCATION			1	10d. INSIDE CITY LIMITS?
吉	MARYLAND		BAI	TIMORE	, MARYLANI)			1 K YES 2 NO
IAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CF	TIZEN OF WI	HAT COUNTRY?
FUNERAL	869 REINHART ST				21230		USA		
BY	11. MARITAL STATUS 1 Newer Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If ye	DECENDENT OF HISPAN s, specify Cuban, Mexica YES 2 A NO Specify	n, Puerto Ricen, et	fy Yee or No c.)		
ED	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S		PATION g most of working	16b, KIND C	F BUSINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)		HOOD	TMAT		
MP	12		MAIDEN	V		HOSP			
	17. FATHER'S NAME (First, Middle, Lest) DAVID ROBINS	SON			BEULAH	ME (First, Middle, N I ROBIN			
BE	19e. INFORMANT'S NAME (Type/Print)	JON	19b. MAILING	S ADDRESS (St	reet and Number or Rural			(in Code)	
5	CARDINAL N. GIV	/ENS			RT STREET,				21230
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Head	20			of cemetery, cremetory or		c. LOCATION -		
	4 Donation 6 Other (Specify)	etentesti sedinari	VESTERN S	STAR CE	EMETERY	C	ATONSV:	ILLE,	MD.
	21. SIGNATURE OF UNERAL SERVICE U	CENSEE OF	>	EST	E AND ADDRESS OF FA CEP BROTHER BOO EUTAW R	RS FUNER			
	23. PART i. Entar the diseases, pr	complications that dause	d the death. Do						Approximate
	shock, DY heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	each ilna.	Care	inche c	1R	Lun	P/	Interval Between Onset and Death
		DUE TO (OR AS	A CONSEQUENCE O	OF):)	1		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								-
F	resulting in death) LAST								
	PART ii. Other aignificant condition	na contributing to death	but not resulting	in the under	tving cause given in	Part I. 24a W	AS AN AUTOPS	y 24h	WERE AUTOPSY FINDINGS
MEDICAL						P	ERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO
AN	25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one)								
SICI	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:	Home 5 Residence		V)		
PHYSICIAN: M	27. MANNER OF DEATH	26e. DATE OF INJURY	28b. Til		. INJURY AT WORK?	28d. DESCRIBE		CCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)			YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ecfly)	street, factory,	office	26f. LOCATION (City or Town		er or Rural Ro	oute Number,
COMPLETED	(and any	BICIAN: To the bast of my known ER: On the basic of examination							end manner as stated.
ш	290 SIGNATURE AND TITLE OF CERTIFIE	R //	1	0	29c. LICENSE NU	MBER	29d. D/	ATE SIGNED	(Mghth, Day, Year)
TO B	4 aus p	2. Hely	m	11	1/2	0396		2/6	198
-	Davil M +	who so	501	Lèc (Ravo	n B/2	el.	2/2	237
	TEBU 199	July Davids	MATURA PANDAR	1					

OR	9	Apr.	Ē
3	Pag	al dir	ner
BALTIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6;	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mus
8	fter d	the oval.	aj e
	urs a	in by	edic
	3	filled on, o	TI OL
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E.	ate h	tem
>	CIAN	ertification of the S	6
OF	SAH	this c	ked,
Z	ING F	fer	EE
000	END	DR: A	8
5	TA A	RECTI	E 2
ō	10	L Dif	t ite
	SPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
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	FOR 1 STATE	STATE OF MARYLAND /			AL HYGIENE	0200.
	REGISTRAR	CE	RTIFICATE OF	DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	,		2. DAT MON	E OF DEATH	EAR 3. TIME OF DEATH
- 4	JAMES 604	·gh		0 2		0 4:17 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last	YRS. FUNDER 1 YEAR DAYS	HOURS MIN. 7. DAT	nth, Day, Year)	BIRTHPLACE (State or Foreign Country)
OR	BON SCOW	eet and number) RS Haspital	9b. CITY, TOWN	OR LOCATION OF DEATH	7: ty 9c. COUNT	OF DEATH
5	RESIDENCE OF DECEDENT				9	
DIRECTOR	10e, STATE 10b, COUNTY		BOUTTI	YORL		10d. INSIDE CITY LIMITS? 1 PES 2 NO
FUNERAL	2013 W Say	atoga ST	1	2/223	10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 PYES 2 NO IF YES, GIVE WAR OR DATES	O If yes, a	CENDENT OF HISPANIC ORIG secify Cuban, Maxican, Puerto 3 2 D 410 Specify:		Black, White, atc.
0	15. DECEDENT'S EDUC	ATION 16e, DEC	CEDENT'S USUAL OCCUPAT	ON 16	b. KIND OF BUSINESS/INDUS	DIACIO
PLETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) (Giv	re kind of work done during in the NOT use retired.)	ost of working	ENNER Cit	Ly Contat.
BE COMPL	17. FATHER'S NAME (First, Middle, Lest)	Tough		16. MOTHER'S NAME (First	, Middle, Melden Surname) F, Hewe	11
10 B	100. INFORMANT'S NAME (Type/Print)	Henderson 2	MAILING ADDRESS (Street	and Number or Rural Route Num Patoga Sto	BAITO, MO	21223
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo	wal from State 20b. PLACE C	OF DISPOSITION (Name of co	metery, cometery or est 1 h. Com	20c. LOCATION - CH	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	22, NAME	NO ADDRESS OF PACILITY	Euneral	Home.
	Joseph L.	Russ	222	2 WINONTH	Ave BAIL	md. 21216
	23. PART i. Enter the diseeses, or cahock, or heart fallure.	omplications that caused the dec list only one cause on each line.	eth. Do not enter the m	ode of dying, such as ca	rdiec or respiratory arres	t, Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Colon	Can Cer			Onset and Death
z		DUE TO (OR AS A CONSEO	UENCE OF):			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF CONSE	UENCE OF):			
RTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF):			
2						
MEDICAL	PART II. Other algnificant condition	contributing to death but not re	esulting in the underlyle	ig cause given in Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IN: ME						1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	LACE OF DEATH (Check only		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF 28c. IN	JURY AT 28d, D	ESCRIBE HOW INJURY OCCU	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		ORK? YES 2 NO		
8	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At hon building, atc. (Specify)	ne, farm, street, factory, off	28f. LC	OCATION (Street and Number or by or Town, State)	Rural Route Number,
COMPLET	one)	CIAN: To the best of my knowledge, dea				
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER		SIGNED (Month, Day, Year)
TO BE	Phlip	Kernte		124321	164	1190
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	4 27) (Tena Delet)			

grebe 3 V BESSET BOARS HONDING

31 PATE BLED (4071999000)

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VŽ.	A.A.
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	ECTOR: After this certificate has been signed by the attending physician and completely filled in the test is after death with the State Dept. of Health and Mental Hytlene prior to burial, cremation, or response.
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icate	physic ne pri
certif	Ming
death	after
the	M M
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a law	has t Dept
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SICIA	the
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DING	After
THEN	CTOR:
746	111 60

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	1	3. TIME OF DEATH
	VERLA BERNADINE G	EHRMANN				2 5	1990 "	8:30 A M
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	1	BIRTHPLACE (State or Foreign Country)
		district /	O YRS.	NONTHS DAYS	HOURS WIN.	2 21	1899 1	linois
_	9a. FACILITY NAME (If not institution, give street	it and number)			R LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	121 Leslie Avenue			Over	lea		Balt	timore
E C	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		_	10d. INSIDE CITY
E	Maryland Bal	timore		Over	lea			1 YES 2 K NO
AL.	10a. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	121 Leslie Avenue				21236		Ţ	JSA
5		2. WAS DECEDENT EVER IN 1 FORCES? 1 YES				IIC ORIGIN? (Specify n, Puerto Rican, etc.		. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married 2 Vidowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify		,	Specify: White
	3636		40 000000000000000000000000000000000					· · · · · · · · · · · · · · · · · · ·
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	empleted)	(Give kind of we life. Do NOT use	ork done during mo retired.)	st of working	160. KIND OF	BUSINESS/INDUS	INT
2	Elementary/Secondary (0-12) 4th grade	College (1-4 or 5+)	Housewi			Home	making	
NO	17. FATHER'S NAME (First, Middle, Last)		Housewa		18. MOTHER'S NA	ME (First, Middle, Me		
	William Baldwin				Emma I		,	
8E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street a		Route Number, City or	Town, State, Zip Co	ide)
2	Mr. Henry Woppman		121 1	eslie A	venue E	altimore	, Maryla	and 21236
	20e. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSI				LOCATION - City	
	ty⊟rBuriel 2 □ Cremetion 3 □ Remove 4 □ Donation 5 □ Other (Specify)	al from State	Parkwood	Cemete	ry	В	altimore	e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AF	D ADDRESS OF FA	ral Home	Tno	
	* Lesoch Furer	el From &						Maryland 21236
	23. PART I. Enter the diseases, or con	mplications that caused	the death. Do no					
	ahock, or heart fallure. Lit IMMEDIATE CAUSE (Final	at only one cause on ea	ch line.					Interval Between Onset and Death
	disease or condition C. A. A. D. A. C. C. C. C. C. C. C. C. C. C. C. C. C.							
	resulting in deeth) a	DUE TO (OR AS A	CONSEQUENCE OF):				
z	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):							
TIO	Sequentially list conditions, if eny, leeding to immediate							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):							
E	that initiated events resulting in death) LAST	DUE TO (ON AS A	CONSECUENCE OF)•				j
CERTIFICATION	d.							
AL	PART II. Other aignificant conditions	contributing to deeth bu	it not resulting li	the underlyin	g cause given in		S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2		· · · · · · · · · · · · · · · · · · ·				1 _ YE	S 2 NO	COMPLETION OF CAUSE OF DEATH?
MEDIC								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)		
YSI	1 TYES 2 NO	1 - Inpetient 2 - ER/Outpe		4 Nursing Hon		8 Other (Specify)		
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	URY AT	28d. DESCRIBE H	OW INJURY OCCUI	RED
BY	2 Accident Investigation				YES 2 NO			
ED	3 Suicide S Could not be 4 Homicide determined	25e. PLACE OF INJURY building, etc. (Specific		lreet, factory, offic	•	City or Town, S	Rate)	Rural Route Number,
H	29e. CERTIFIER							
MPL	(Check only	AN: To the best of my knowle						
COMPLET	MEDICAL EXAMINER:	On the basis of examination	end/or investigation	n, in my opinion, o	leath occured at the	time, date end plac		cause(e) end manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	an and			29c. LICENSE NUI	MBER	29d. DATE S	BIGNED (Month, Day, Year)
TO 1	Man ledy	Mel System Course	TH 4754 AT 7	Dalast	D3301	(2/	1/30
	2	COMPLETED CAUSE OF DEA				2 //	00 0177	, 6
	Dr. Wiedfeld 331	3 Papermill		retsvill	e Maryl	and (6	28-0434	1
	FEB U7 1990 Julia	22. REGISTRAND SIGNA						

e en selection of a management of the

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTINORE, MARVIAND 21203-3146	ter death. Page 6 met e ma ed et ins hospital or attending physi-	the funeral director, page 5 metal be netached for use as the buria
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTINORE, MARYLAND 21203-3146	E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerours is	E FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ment the metached for use as the buna to the property of seminal director, page 5 ment to the metached for use as the buna

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	ATE O	F DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Les		SMITH			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. Inst birthday) IF	UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
213-48-6282 9a. FACILITY NAME (If not institution, give	A 3	8	o. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY OF	
3109 MARNAT RD.				BALTIMO	RE	BAL	TIMORE
100. STATE 10b. COUP MARYLAND	BALTIMORE		OWN OR LO				10d. INSIDE CITY LIMITS? 1 TYES XX NO
100. STREET AND NUMBER 3109 MARNAT RD.	-			101. ZIP CODE 2120	18	10g. CITIZEN OF USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	12. WAS DECEDENT EVER IN IT FORCES? 1 YES IF YES, GIVE WAR OR DAT		If yes,	DECENDENT OF HISPAN, specify Cuban, Maxica	n, Puerto Rican, alc.)		ICE — American Indian, ack, White, atc.
15, DECEDENT'S El (Specify only highest gra Elamentary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	6a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during	ATION most of working	16b. KIND OF BU	ISINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Lest)		HOU	SEWIF		ME (First, Middle, Maider	HOME	
JACOB GOLDSTEIN					IE UNKNOW		
190. INFORMANT'S NAME (Type/Print) DR. JEWETT GOLDS	SMITH	4131 L	AKE C	OOK RD. N	Poute Number, City or Tow ORTHBROOK	vn, State, Zip Code) , IL 60	062
209 METHOD OF DISPOSITION 120 Burlal 2 Cremation 3 Re	amoval from Stala	PLACE OF DISPOSITI	ON (Name of	cemetery, crematory or	į.	OCATION — City or	
4 Donalion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	OHEB SHA		EM. PARK E AND ADDRESS OF FA		REISTERS	TOWN, MD
Day 0	i Jal			SOL LEVINS			,MD 21215
iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one ceuse on eed	ch line.		frene			Approximate interval Between Onset and Death
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CDUE TO (OR AS A C	WINSEQUENCE OF):					0
PART II. Other significent condit	ons contributing to death bu	not resulting in	the underl	ying ceuse given in	Part I. 24e. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH (Ch	eck only one)		-
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outper		THER:	Home 5 Thealdence	6 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not determined	26s. PLACE OF INJURY - building, stc. (Specif				261. LOCATION (Street City or Town, State		al Route Number,
(Check only	YSICIAN: To the best of my knowle						e(a) and menner as stated.
29b. SIGNATURE AND TILL OF CENTIL	TIER			29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)
- Hole	more hox)		1165	22	1 2-	2-80.
30. NAME AND ADDRESS OF PERSON		тн (ITEM 27) (Type, Pr	rint)				
31. DATE FILE BIN. OF YOUR 99	2. REGISTRAB'S SIGNA Full: Daydoon	Mandell			· · · · · · · · · · · · · · · · · · ·		

death	e funera	-1	exami
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
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within	mpleteh	стета	went,
pecute	and co	burial	satic e
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ertifica	ing phy	/giene	other
ath c	ttend	tal H)	, 07
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
IAR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ТН	3. TIME OF DEATH	
		ION GRZYMSKI			2 - 5	- 90	M		
	4. SOCIAL SECURITY NUMBER	1100		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	iar)	BIRTHPLACE (State or Foreign Country)	
	213-30-7550 9a. FACILITY NAME (If not institution, give str	1 M 2 F	07	b CITY TOWN (R LOCATION OF DE	08-12-	1926 F	POLAND	
2	6707 DANVILLE A	11	- 1	BALTIM		AIR	9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	VENOL							
R	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER		BALI	IMORE	ZIP CODE		10a CITIZEI	1 ∑ YES 2 □ NO N OF WHAT COUNTRY?	
RA	6707 DANVILLE A	VENUE			1222		USA	TOF WHAT COUNTRY?	
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN		fy Yaa or No- 14	. RACE — American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	2 NO Specify	n, Puerto Ricen, at /:		Black, White, atc. Specify:	
	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S U			I as your a		VHITE	
	(Specify only highest grade of	completed) College (1-4 or 5+)		rk done during mo		166. KIND C	F BUSINESS/INDUS	-3 PCY	
P	8 YEARS	College (1-4 or 5+)	MAINTEN	CE					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	laiden Sumame)		
BE	JOSEF GRZYMSKI				STANISL	AWA SK	RZDLEWS	SKA	
6	19a. INFORMANT'S NAME (Type/Print)	MCKI					or Town, State, Zip Co		
	MRS. HELEN GRZY		6 / U /				TO. MD.		
	1 Burial 2 Cremetton 3 Ramo 4 Donation 5 Other (Specify)	TOMBMENTS	other place) STAN	TSI AUS	C.F.M.		ALTO. N		
	ATURE OF FUNERAL SERVICE LICE	-		22, NAME AL	ND ADDRESS OF FA	CILITY			
1	ble warm of To	King	unudi		ROWSKI		L HUME	21226	
	23 PAGE I. Enter the diseases, or co	omplications that cause	d the death. Do no	t enter the mo	da of dying, suc	h aa cardiac or	reapiratory arrea	it, Approximate	
	shock, or heart failure. L	ist only one cause on a	ach line.					Interval Between Onset and Daath	
	disease or condition resulting in death)	Metaste	atic ad	inoco	recover,	1º sil	e unkn	den	
			CONSEQUENCE OF)						
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	trany, leading to immediate cause. Enter UNDERLYING								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE OF)						
E	reaulting in death) LAST	l,							
AL C	PART II. Other algolficant conditions	contributing to death t	out not reaulting in	tha underlyin	g ceuse given in		AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
							ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
밀								OF DEATH?	
ž									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	neck only one)			
IXSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out		I ☐ Nursing Hon		6 Other (Specif			
급	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WO	PURY AT PRICE 2 NO	286, DESCHIBE	HOW INJURY OCCU	RED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, ferm, sti					Rural Route Number,	
Ë	4 Homicide detarmined	building, atc. (Spe	cny)			City or Yown,	Stare)		
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my know	viedge, death occurred	et the time, date	and place, and due	to the cause(a) as	nd menner as stated		
0	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on and/or investigation	, in my opinion, o	leath occured at the	time, data and pla	ice, and due to the	cause(a) and menner as stated.	
ш	29b. MONATURE AND TITLE OF CERTIFIER	1 1 1	Λ		29c, LICENSE NU	MBER	29d. DATE S	SIGNED (Menth, Day, Year)	
TO B	John War	vary, 14.	U.		0098	57	2_	16/90	
-		TERBURY	, h.O. 4		ASTERA	1. BAL	T., 40.	21224.	
	FEB 07 1990	32. REGISTRAR'S SIGN	VATURE						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mil	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furjeral distance.	î	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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JR A	IREC	SUNG	E
IAL (AL D	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	11
SPI	JNER	thin	EN.
王	IE FL	W De	SET
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	1 - FOR STATE OF MARYLY	AND / DEPART CERTIFIC			TENTAL HYGIENE REG. NO.) •	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DAY	YEA	3. TIME OF DEATN
		SPARI			2 5	90	0
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (1) $219 - 62 - 3245 - 10$ M 2 $2245 - 10$		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 3, 19	C	IRTNPLACE (State or Foreign punitry) PA
	9e. FACILITY NAME (If not institution, give street and number)	71	9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY C	
5	HARBOR HOSPITAL CENTER	a l	BALT	IMORE,	MN		
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		TOWN OR LOCAT				10d. INSIDE CITY
DINECTOR	Md. Anne Arundel	loc. Of 1,	Pasader				LIMITS?
AL	10e. STREET AND NUMBER		101	ZIP CODE	Ī	10g. CITIZEN	OF WHAT COUNTRY?
ב ב	378 Dutchship Court			2112		US	A
5	11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO	If yes, sp	elfy Cuban, Maxicar			RACE — American Indian, Black, White, etc.
2	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	ITES X	1 TYES	2 NO Specify	•		White
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S U	SUAL OCCUPATION OF A CONTROL OF A CONTROL OCCUPATION OCCUPATION	ON st of working	16b. KIND OF BUS	INESS/INOUSTF	RY.
9	Elementary/Secondary (0-12) College (1-4 or 5+)	Silk Sc	retired.)	•		ghouse	
OMP	9th 17. FATNER'S NAME (First, Middle, Last)	DITK DC	reener	18 MOTHER'S NAI	ME (First, Middle, Maiden S	se Cen	ter
ا د	Wilbur Barger			Shirl			
200	19s. INFORMANT'S NAME (Type/Print)	and the second second			oute Number, City or Town		
	Patrick Sparaco				Pasadena		·
	20b. METHOD OF DISPOSITION 1 General 2 Commation 3 Removal from State 4 Donation 5 Ottper (Specify)	PLACE OF DISPOSIT Other place) Dulaney V	TION (Name of cer 7allev (emetery, cremetory or		ltimor	
	21. SIGNATHINE OF FUNDRAL SHAPPICE LICENSEE	11.	22, NAME AN	D ADDRESS OF FAC	TITLE OF	001/2	Ave. 21/221
	Competition thinelal	Mone	1300	Maro	Tar home 3	Udylace.	Fe. \$1221
7	23. PART I. Enter the diseases or complications that caused		ot enter the mo	de Di dying, euci	as cardiec or reepir	etory exest,	Approximeta
	shock, or heert felfure. Het only one ceuse on en						interval Between Onset and Death
	diseese or condition a. PNEUN a. DUE TO (OR AS A	ONIA	e SET	0515			
	DUE TO (OR AS A META STY)	1710 AD	ENLOCA	101 in/6	MA OF 1	ING	and the second
ALION	if any, leading to immediate	CONSEQUENCE OF)	:	INCINO	7.11	0111	
3	CAUSE (Disease or injury	A7/0N CONSEQUENCE OF					
	that initiated events resulting in death) LAST	CONSEQUENCE OF)	•				the state of the s
נו	PART ii. Other significant conditions contributing to death b				n-u1 1 una un		
Z	HYPERCALLEMIA	ut not resulting in	i tha ungariyin	g cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
ב	INTRACTABLE PAIN				1 U YES 2	□ NO	OF OEATH?
2		n .					
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	T	26. P	ACE OF DEATH (Che	ock only one)		
2	1 YES 2 NO 1 npatient 2 ER/Outp	etlant 3 DOA	4 - Nursing Hon	URY AT	6 Other (Specify) 26d, DESCRIBE NOW IF	HIM OCCUPA	
	1 Netural 5 Pending (Month, Day, Year)	26b. TIME INJU	JRY WO	PRK?	284. DESCRIBE NOW IT	IJOHT OCCURE	
) BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Spec		reet, factory, offic	•	261. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
-	4 Nomicide detarmined				City or lown, States		
7	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know	ledge, death occurred	d at the time, date	and place, and due	to the cause(a) and men	ner as stated.	- 1
COMPLEIED	2 MEDICAL EXAMINER: On the basis of examination	n and/or investigation	, in my opinion, o				
מ	296 SPENATURE AND TITLE OF CERTIFIER (P.R. DES 141 M)) HOUSES	MAFE	29c. LICENSE NUR		12/0	SNEO (Morith, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)			~ /	1.0
	HARBOR HOSPITAL CENTER.	30015.1	HANOVE	KST. B	ALTIMOR	et, R	10 2/230
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5000 5. SEX B. AGE (In yrs. last birthday) 7. OATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 1 2 1 2 | F -13-1 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY 10 1 YES 2 NO 10f. ZIP CODE WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARNES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) notified at BE 9 pe 20s. METHOD OF DISPOSITION 60b. PLACE OF DISPOSITIOH (Name of car must 1 D Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) Cem aminer E OF FUHERAL SERVICE LICENSEE 23. PART I. Enter the disasses, or complications that caused the deeth. Do not enter the mode Approximeta shock, or heart failure. List only one cause on each line. Intarval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition woldle resulting in death) MEDICAL CERTIFICATION Sequantially list conditions, COHSEQUENCE OF If sny, leeding to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FIHDINGS 24a. WAS AN AUTOPSY PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 HO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 25 HO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Homa 5 Residence 8 Other (Specify) 28b. TIME OF 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO Netural Accident 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: IF tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

296. SIGHATURE AND TITLE OF CERTIFIER

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Type, Print) HRYSOLOGUE GAKUBA

31. OATE FILED (Mornth, Day, Year)

32. REGISTRAR'S SIGHATURE he Davidson Pande 10

ransit permit. Pages 1, 2, 3 should

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CTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE Neindran Randoll

1. DECEDENT'S NAME (First, Middle, Last)			ATE OF DEATH	MENTAL HYGIE REG. N		
				2. DATE OF DEATH MONTH		3. TIME OF DEATH
RALPH	Ħ	AMPA	7		5 9	0 0 14
4. SOCIAL SECURITY NUMBER 5. SEX 12/8-05-30/3 12/8	6. AGE (In yrs. Ins		UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street and	number) AL CENTE		CITY, TOWN OR LOCATION OF		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	1-0		121111	Merce		
106. STREET AND NUMBER		1	WIN OR LOCATION		T	10d. INSIDE CITY LIMITS? 1 YES 2 NO
3800 W. Belver	me. Ave	,	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1 Never Merried 2 Married FO	S DECEDENT EVER IN U.S. AR RCES? 1 YES 2 PT YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 — YES 2 — NO Spe	Ican, Puarto Rican, atc.)	Yes or No- 14.	RACE — American Indian, Black, While, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colleg	ed) (G	CEDENT'S USU live kind of work Do NOT use ret	AL OCCUPATION done during most of working ired.)	16b, KIND OF	BUSINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Maid	en Surname)	
OSIE HAM	DA		Vick	DRIA	HAM	NA
19a. INFORMANT'S NAME (TYPE/Print)	tens 5	b. MAILING ADI	PRESS (Street and Number or Run	E Pd B	own, State, Zip 96	nd 21228
20a. METHOO OF DISPOSITION 1 Burlet 2 Cremellon 3 Removal from 4 Donation 8 Other (Specify)			N (Name of cemetery, crematory of	20c.	LOCATION — City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Puss!		22 NAME AND ADDRESS OF	Wiss Fu		Hom &
23. PART I. Enter the diseases, or compile shock, or heart fallure. List on			enter the mode of dying, a	uch as cardiac or re	apiratory arrest	Interval Between
disease or condition resulting in death)			PNUEM	ONIA		Onset and De
	DUE TO (OR AS A CONSE			Rossia	24 12 6	
	Toma / Same / Same / Same /		NOF CH	1401076 1		PRISASE
Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSE		N OF CH	1201012 8	a NOT	170'SEASE
		OUENCE OF):	N OF CH	1201072 8	U N OF	1701SEASE
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the significant con	QUE TO (OR AS A CONSE	OUENCE OF): OUENCE OF): resulting in ti	he underlying cause given	in Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDIN
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributed in the conditions of the cause of the	QUE TO (OR AS A CONSE	OUENCE OF): OUENCE OF): resulting in ti	he underlying cause given	in Part i. 24a. WAS		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	QUE TO (OR AS A CONSE	OUENCE OF): OUENCE OF): resulting in ti	he underlying cause given	in Part i. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINOIN ANALABLE PRIOR TO COMPLETION OF CAUS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS A CONSE	OUENCE OF): OUENCE OF): resulting in the state of the s	he underlying cause given	In Part I. 24a. WAS PER 1 🗀 YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the conditions conditions control of the conditions conditions conditions control of the conditions c	OUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Pibuting to deeth but not S M £ 1 () 1' S O P D E 12 PiTAL: spetiant 2 = ER/Outpetlant 3 Se. DATE OF INJURY	OUENCE OF): OUENCE OF): resulting in ti / / / / / / / / / / / / / / / / / / /	26. PLACE OF DEATH THER: Nursing Home 5 Realdance F 28c. INJURY AT WORK? M 1 YES 2 NO	In Part I. 24s. WAS PER 1 YES (Check only one) Ca 8 Other (Specify) 28d. DESCRIBE HO	AN AUTOPSY FORMED? 2 P NO W INJURY OCCUPANT AND NO.	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the conditions control o	OUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Inbuting to deeth but not S M £ L L) 1' S O P D £ 12 PITAL: spetiant 2 = ER/Outpetiant; Be. DATE OF INJURY (Month, Day, Year) Be. PLACE OF INJURY — Al he building, etc. (Specify)	OUENCE OF): OUENCE OF): resulting in ti / T U S DOA 4 1 28b. TIME OI INJURY ome, farm, street	26. PLACE OF DEATH THER: Nursing Home 5 Realdance F 28c. INJURY AT WORK? M 1 YES 2 NO	In Part I. 24a. WAS PERI 1 YES 1 Check only one) 28 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, St	AN AUTOPSY FORMED? 2 P NO W INJURY OCCUP et and Number or site)	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO RED Rural Route Number;
If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the conditions control o	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE Thuting to deeth but not S M £ L L) 1' S O P D £ 12 PITAL: spetiant 2 = ER/Outpetiant; Se. DATE OF INJURY (Month, Day, Year) Se. PLACE OF INJURY — AI he building, etc. (Specify) of the best of my knowledge, de- the basis of examination and/or	OUENCE OF): OUENCE OF): resulting in ti / T U S DOA 4 1 28b. TIME OR INJURY ome, farm, street eath occurred at Investigation, in	26. PLACE OF DEATH THER: Nursing Home 5 Realdance F	In Part I. 24a. WAS PERI 1 YES 1 YES 1 Check only one) 28 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Str. City or Town, St. City	AN AUTOPSY FORMED? 2 P NO W INJURY OCCUP et and Number or site) menner as stated. and dus to the c	24b, WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO RED Rural Route Number, ause(s) and manner as stated IGNEO (Month, One, Mark)

DHMH-18 Rev 1/89

DAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera he filed within 72 hours after cleath with the State Deot, of Health and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examir
٥	s after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the he filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burlal, oremation, or removal.	dical
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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	he dea	the at Ment	njury,
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	1 - FOR REGISTRAR	STATE OF MARYL		NENT OF HEALT		NTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	1	HENDEX	SON		DATE OF DEATH DATE OF DEATH	1 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 513-18-6377	5. SEX 8. AGE 1	The second secon	UNDER 1 YEAR IF UNE	DER 24 HR6. 7.	Month, Day, Year)	916	BIRTHPLACE (State or Foreign Country) KANSAS
HO.	9a. FACILITY NAME (If not institution, give a LIBERTY ME RESIDENCE OF DECEDENT	DIAL C	ENTER "	BACTIMO	TION OF DEATH	city	BAC COUNTY	OF DEATH TIMORE CITY
DIMECTOR	10e. STATE 10b. COUNT Maryland	Υ		own on Location				10d. INSIDE CITY LIMITS? VX YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 2231 North Longw			101. ZIP CC 212			U.S.	OF WHAT COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2/ NO		ban, Maxican, P	ORIGIN? (Specify Yea Puarto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: Black
2	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 6+)	Ille. Do NOT use re	done during most of wo stired.)	rking	16b. KIND OF BUS		RY
COMPLE	17. FATHER'S NAME (First, Middle, Last)	College	Media Spe	18. M		(First, Middle, Maiden		blic Schools
D BE	James Jackson 194. INFORMANT'S NAME (Type/Print) William F. Hende	rson		ORESS (Street and Num		te Number, City or Town		
)	20a-METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20	other place) [aryland Na	ON (Name of cemetery, c	remetory or	20c. LO	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE WILL	5			Nutter lls Parkw yland 21	-	I HOmes, Inc.
	23. PART i. Enter the diseases, Dr ahock, Dr heart failure. IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	complications that cause List only one cause on						Approximate Interval Between Onset and Death
N	Sequentially list conditions,	· chron	A CONSEQUENCE OF): A CONSEQUENCE OF):	Sevel	fa	eline	. /	
HILICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	· HYPEK	A CONSEQUENCE OF):	on, De	MET	E5 1	YEU	1715
AL CE	PART II. Other algnificant condition	ne contributing to death	but not resulting in t	tha undarlying caus	e given in Pa	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PLACE OF	F DEATH (Check	only one)		
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME C	F 28c. INJURY AT WORK? M 1 YES	26	Other (Specify) Bd. DESCRIBE HOW II	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, farm, stre	et, factory, office	26	6f. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
COMPLETED	(OTHER OTH)	SICIAN: To the best of my kno ER: On the basis of examinati						suse(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Hosku	My	29c. I	JCENSE NUMBE	1 8	29d. DATE SI	GNED (Month, Day, Year) 4 — 90
0	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	RTY H	E164,	s Ave	2	1215
	FEB 07 1990	32. REGISTRAR'S SIG	NATURE	7.5				97

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

must be notified at once.

stained by the hospital or attending physician. WARYLAND 21203-3146

1 - FOR STATE OF MA		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) JAMES VERNON HA	NNA MARKET	7	2. DATE OF DEATH MONTH DAY	1990 6 5	A
4. SOCIAL SECURITY NUMBER 5. SEX 2 12-05-4299 1 17 M 2 - F		UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-27-0	8. BIRTHPLACE (State or Foreign Country) MARYIAND	
9a. FACILITY NAME (II not institution, give street and number) NORTH ARUNDE! NURS RESIDENCE OF DECEDENT	ING + CONV.	GIEN BURN		ANNE ARUNDE	
10a. STATE 10b. COUNTY MARYLAND ANNE ARUN		DWN OR LOCATION PASADENA		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10s. STREET AND NUMBER 7826 HARLE ROAD		101. ZIP CODE 2112		10g. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 TAO R OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics 1 — YES 2 TO NO Specifi	IIC ORIGIN? (Specify Yes or n, Puerto Ricen, etc.)		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2	life. Do NOT use ret	done during most of working	PUBLIC	UTILITY	
17. FATHER'S NAME (First, Middle, Last) JAMES P. HANNA			ME (First, Middle, Malden Su RED E . SP		
19s. INFORMANT'S NAME (Type/Print) GORDON D. HANNA		ARLE ROAD P	ASADENA, M		
20a. METHOD QE DISPOSITION 1 Burial 2 A Cremation 3 Removal from State 4 Donation 5 Other (Specify)		N (Name of cometery, crematory or EMATORY, INC.		TION — City or Town, State ONSVILLE, MD.	
21. BIGNATURE OF PUINERA SERVICE LICENSEE	ufmens,	22. NAME AND ADDRESS OF FA RAYMOND C. 426 CRAIN H	FINK FUNE	RAL HOME 21061 EN BURNIE, MD.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE OF):	have and	h as cardiac or respira	Approximate Interval Betwee Onset and De	
PART II. Other algorificant conditions contributing to the probable contribution contributing to the probable contribution contributing to the probable contribution cont		he underlying cause given in	PERFORM	ED? AMILABLE PRIOR TO	
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 2 Count 28s. PLACE OF 2	ER/Outpetient 3 DOA 4 DOA 4 DOA 4 DOA 4 DOA 4 DOA BOOK DO	WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW INJ	URY OCCURED d Number or Rural Route Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of ex					1.
296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSI	M) E OF DEATH (ITEM 27) (Type, Egir	29c. UCENSE NUI	9767 °	29d. DATE SIGNED (Marth, Day, Year)	
Jerry D. SKArbe	L 8418	Balting	re-Anni	Apolo Blok	
FEB 07 1990 grate Davis	loon-Randelle			DHMH-18 Rev	. 1/00

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely illied in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE MARYLAND 21203-3146	comments of the hospital or attending physician,	m parts in many be detached for use as the burlal-transit permit, Pages 1, 2, 3 should	vert be seemed at once.
BALTIMO	24 mours after death, Property	filled in by the funeral druc on, or removal.	he medical examiner m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-rouns after death. Page 6. with presented by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral arread princes of the distance of the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be an ence.

	FOR STATE REGISTRAR	STATE OF N	MARYLA	ND / DEPAR CERTIF					MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, I	ast)					,		2. DATE	OF DEATH	Y	YEAR 3	, TIME OF DEATH
	HERBE	rt C.	ŀ	HAIRSINE					2	4		90	12:30 A M
11	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. lest birthday)	IF UNDER		IF UNDER	24 HRS.		OF BIRTH	- 1	8. BIRTNPL Country)	LACE (State or Foreign
	212-36-5527	★ M 2 □ F		51 YRS.	MONTHS	DAYS	HOURS	Mers.	Oct	.31/1	938		aryland
	9e. FACILITY NAME (If not institution,	give street end number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE			9c. COUN	TY OF DEA	ATN
5	2509 Ashtor	n Street				Bal	ltimo	re C	City		-		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, CO			100 CIT	V TOMAN (OR LOCAT	1011						A INCIDE CITY
	Maryland	ON T						To			TAT 2		od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1 4.	L / _	_	ZIP CODE		ınsu	owne,			T COUNTRY?
HA HA	117 3rd.	AVA				100		227				USA	AI COOKIAII
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	U.S. ARMEO	13.	WAS DEC			IIC ORIGIN	7 (Specify Yee		-	- American Indien.
BY FL	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE V	YES	2 00		If yee, sp		n, Mexicer	n, Puerto F	Ricen, etc.)		Black, Specify:	- American Indien, White, atc. Yhite
	3 Widowed 4 Divorced 15. DECEDENT'S	EDUCATION	1	18a. DECEDENT'S	HSHAL O	ACCUBATION NO.	M.		185	. KIND OF BUS	INESS/INDI		vnite
ETED	(Specify only highest	grade completed)		(Give kind of a	work done se retired.)	during mo	st of workin	g	100.	. KIND OF BUS	INESS/INDO	ZOTHY	
2	5th.Grade	College (1-4 or 5	-)	Del:						0	wn B	us.	
COMPL	17. FATHER'S NAME (First, Middle, Las	1)				U			ME (First, A	Middle, Meiden			
BEC	Robert	G]	enn	Ha	irsi	ine	10000	Na	aomi	Ca	ther	ine	Burke
0	190. INFORMANT'S NAME (Type/Print) MS.Florence	D Wainai	20.0							ber, City or Town			-
		D.Nall'S.							, Da	lto.M	CATION - C		
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 4 Donetton 5 Apther (Specify)			PLACE OF DISPO					7		lto.		n, State
	21. SIGNATURE OF PARETAL SERVICE		11	/			D ADDRE				Bal	to.N	Md.21230
	* Navin	10.11	as	los	IV	/IcCu	lly	Fur	nera	l Hom			Fort Ave
	23. PART I. Enfor the discoses	or complications the	t caysed	the death. Do	not ente	r the mo	de of dy	ing, sucl	h ee cerd	flec or reepl	ratory erro	est,	Approximete
ļ	IMMEDIATE CAUSE (Fins)	ure. List only one cer	ise on ee	ch line.									Onset and Deeth
	disease or condition resulting in deeth)	Arteri	oscl	erotic (Card:	iova	scula	ar Di	iseas	se			
	Tooling III doorly			CONSEQUENCE O									
S O	Sequentielly liet conditions,	b.	(OR AS A	CONSEQUENCE O	n.								-
CERTIFICATION	If sny, leeding to immediate ceuse. Enter UNDERLYING		(on no A	CONSEGUENCE C	, ,.								į
윤	CAUSE (Disease or injury that initiated events	c. OUE TO	(OR AS A	CONSEQUENCE O	F):								1
	resulting in deeth) LAST	4											
SAL	PART II. Other significent cond		death bu	ut not resulting	In the u	nderlyin	g cenee (given in	Pert i.	24a. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Seizure disor	raer							-	1 TYES 2	M NO		COMPLETION OF CAUSE OF DEATH?
MED									-	INSPEX	TION	1	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	AL T				20 P	ACE OF D	EATH /Ch	eck only or	201			
딣	EXAMINER?	HOSPITAL:	FR/Outp	etiont 3 DOA	OTHE	R:			e XOthe		Scene	`	
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIR	E OF	28c. IN.	IURY AT	reiderice	_	SCRIBE NOW I			
BY PHYSICIAN:	XXXXNetural 5 Pending		Day, Year)	IN.	JURY	1 🗆	YES 2	□ №					
	2 Accident arrestigs 3 Suicide 8 Could no	28e. PLACE (of INJURY	— At home, ferm,	street, fac	ctory, offic	:0			CATION (Street or Town, State)	and Number	or Rural Ro	ute Number,
TED	4 Nomicide determin	ed		,,					, ,	. ,o., , o.o.,			
COMPLET	The special second	PNYSICIAN: To the beat o	my knowi	edge death occur	red at the	time, date	end place	, and due	to the ce	use(a) end me	ner ee atat	ed.	
0	OVE) SXXXMEDICAL EX	AMINER: On the basis of a	camination	and/or impatigati	on, in my	opinion,	death occu	red at the	time, date	end place, er	d due to the	e ceuse(e)	end menner ee stated.
ш	299 NONSTURE AND TITLE OF CER	marien ()	7)	n		1)	29c. LIC	ENSE NUI	MBER		29d. OATE	SIGNEO (Month, Day, Year)
0	/Xllous !	I L	04	1	M	X		OCME	Ξ		•	2-4-9	90
٦	30 MANE AND ADDRESS OF PERSO												
	Mario F. Golle 31. DATE FILED (Month, Day, Year)			ssistant		111 1	Penn	Stre	eet,	Baltir	more,	MD 2	21201 vl
	FEB 07 1990	July Davidson	A_AGN	المالك									
	1 20 0 1 1330	1	,										DHMH-1e Rev 1/89

FOR

1 - STATE REGISTRAR	OMIL OF MARKE	CERTIFIC		DEATH AND	MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Lest) HENRY		FOUSER			2. DATE MONT	OF OEATH DA		EAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-03-7152	6. SEX 6. AGE 1x-xM 2 □ F 8	(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	of senth 1, Day, Year) -16-19		Country)	YLAND
Se. FACILITY NAME (If not inelitation, give			CITY, TOWN	OR LOCATION OF D	DEATH		26. COUNTY	COIN	
10a. STATE 10b. COUNT		10a. CITY, 1	OWN OR LOCAL SADEN	TION			At. It.	100	I. INSIDE CITY LIMITS? YES-2-100
100. STREET AND NUMBER 928 PIERPONT I	DRIVE		10	, ZIP CODE 211	122			Ţ	S.A.
1 Never Married 2 Harried 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 ZNO	If yes, sp	edity Cuben, Maxic 2 10 10 Spec	en, Puerto I		or No- 14	Specify:	American Indian, hite, etc.
15, DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during me stired.)	on est of working red Bui		KIND OF SUE			
6 th grade 17. FATHER'S NAME (First, Middle, Leet) GEORGE	none	HOWS		18. MOTHER'S N	AME (First, i		Surname)	ELAN	
12e. INFORMANT'S NAME (Type/Print) MRS. ANNTIONET	TE HOWSER		ME AS	and Number or Rura	Poute Num	ber, City or Town	n, Stete, Zip Co	ode)	
20e, METNOD OF DISPOSITION 1 Buriel 2 Sometion 3 Ren 4 Donation 5 Other (Specify)	moval from State	b. PLACE OF DISPOSITE other place) ETRO CRE	MATOR	Y, INC.			ONSV		
21. SIGNATURE OF FUNERAL SERVICE LI	Saua	ge		A MOUNT	M				L HOME A,MD 211
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one couse on a	Awes 5	enter the mo	ode of dying, su	ch se cen	diec or respi	ratory arres	t,	Approximate intervel Between Onset and Death
Sequentially list conditions, if any, leading to immediate	MYDRADI	A CONSEQUENCE OF): A CONSEQUENCE OF):	we						6 days.
ceuse, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):							
PART II. Other significent condition	ne contributing to deeth	but not resulting in	the underlylr	g cause given t	n Part I.	24e. WAS AN PERFOR 1 YES 2	IMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
				(_				YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (C					
27. MANNER OF DEATN 1 Natural 5 Pending		INJUR	M 1	JURY AT ORK? YES 2 NO		SCRISE NOW I			
2 Accident investigation	1 250 PLACE OF IM. III 9	lY — At home, form, stre solfy)	en, rectory, offi	08		ATION (Street or Town, State)		Hural Plout	number,
2 Suicide s Could not be determined	building, etc. (Sp.								
2 Suicide 4 Homicids S Could not be determined 29s. CERTIFIER (Check only one) 29 MEDICAL EXAMIN	BICIAN: To the best of my knovinetic.			death occured at th	ne time, deti		d due to the o	osuee(e) an	
2 Suicide s Could not be determined 29s. CERTIFIER Check only CERTIFYING FNY:	BICIAN: To the best of my knor HER: On the best of examinati	on end/or investigation,	in my opinion,		ne time, deti		d due to the o	osuee(e) an	nd manner se stated.

E. MARYLAND 21203-3146

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		1	lion,	the
16,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within .	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	and co	to burial	matic
BOX	cate be	hysician	e prior	er trau
0	certifi	d guibr	Hyglen	or other
G, C	e death	he atter	Mental	Jury, o
RD	that th	ed by t	th and	any in
ECO	equires	en signi	of Healt	hows a
Œ	J WE	s be	ept.	23 \$
ITAL	V: The	cate ha	State D	Item 2
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OF	PHYS	this c	with (urked,
NO	DING	After	death	E
S	TEN	TOR:	after	28 1
M	DR AI	DIREC	hours	Hem
	TAL	RAL	2	=
	HOSP	FUNE	within	TANT
	王	THE	filed	PO
	2	2	8	=

	FOR STATE REGISTRAR		STATE OF N	MARYLAN				HEALTH AND	MENT	AL HYGIE			
	1. OECEOENT'S NAME (First, M. SOLON	Iddle, Last)	70	IS	IK	OF	F		2. DAT MON			EAR S	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-09-3169		s. sex (XXI) 2 □ F	6. AGE (In yr	7 8 YRS	7.17	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH	1911		W York
TOR	Shady Gro RESIDENCE OF DECE	tution, give street VE Ad	ventis	tHos	pitai	96. CIT		OR LOCATION OF OI	EATH		Mona		
DIRECTOR	10a. STATE 1 Maryland	IOB. COUNTY	ntgomery		10c.	CITY, TOWN	on Loca						IOd. INSIDE CITY LIMITS? XX YES 2 \(\square\) NO
AAL	100. STREET AND NUMBER						10	Of. ZIP CODE	0		100		IAT COUNTRY?
BY FUNERAL	8200 Wiscons 11. MARITAL STATUS 1 Never Merried 2 M 3 Widowed XXX/Divorce	arried	IZ. WAS DECEDENT FORCES?	T EVER IN U.S XX (ES 2 VAR OR DATES	S. ARMED	13.	If yes, s	20814 CENOENT OF HISPAI pecify Cuban, Maxica S 2 XXNO Specifi	NIC ORIG			Black,	- A American Indian, White, etc.
ED	15. DECEL (Specify only I	DENT'S EDUCAT	TION empleted)	16	e. OECEDEN	T'S USUAL (OCCUPAT	ION lost of working	-10	86. KIND OF B	USINESS/INOUS		
COMPLETED	Elamentary/Secondary (0-1: 12 Years	2)	College (1-4 or 5	+)		T uso rotirod., alesm		ost of working	1	Real E	state i	Au	tomobiles
BE CO	17. FATHER'S NAME (First, Mick Nathan Isi	koff						18. MOTHER'S NA ROS C			n Sumame)		
TO E	180. INFORMANT'S NAME (Typ Michael Is				4707	Conn	ect						C. 20008
	eee METHOD OF DISPOSITIO A Burial 2 □ Cremation 4 □ Donation 8 □ Other (S	3 🗌 Ramovi	al from State			nd Ve		emetery, cremetory or IN S			ocation – ch eltenho		n, sum Maryland
	21. SIGNATURE OF FUNERAL			Du	in								UNERAL HONTON. D. C.
		art failure. Lis	mplications the										Approximata Interval Between Onset and Dast
	IMMEDIATE CAUSE (Fins disease or condition resulting in death)	8.	DUE TO	Set OR AS A CO	INSEQUENCE	E OF):	SK	tock					
CERTIFICATION	Sequentisily list condition if sny, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated avents resulting in death) LAST	G c.	DE	OR AS A CO	MEOUENC	E OF):	HY	DRAT	10				
MEDICAL	PART II. Other significen		contributing to						Part I.		AN AUTOPSY ORMED? 2 NO		WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	1	HOSPITAL:	ER/Outpatie	ent 3 🗆 DO	OTHE A 4 No	:R:	PLACE OF DEATH (C)				_	
ВУ РНУ	27. MANNER OF OEATH	ending vestigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b.	TIME OF INJURY M	28c. II	JURY AT /ORK? YES 2 NO	_		V INJURY OCCU	RED	
	3 Suicide 8 C	ould not be etarmined	28e. PLACE (building	OF INJURY — , etc. (Specify)	At home, far	rm, atreet, fa	ctory, off	ica	281. LC	OCATION (Streetly or Town, Ste	et and Number of te)	Rural Ro	oute Number,
COMPLETED	TORROW OTHY							ta and place, and du					and menner as stated.
) BE CC	29b. SIGNATURE AND TITLE	OF CERTIFIER	aka	٤, ٨	1-D			29c. LICENSE NU		2	29d. DATE	BIGNED ((Month, Day, Year)
	20 NAME AND ADDRESS OF	PERSON WHO	COMBLETED CAL	ICE OF DEATH	GTEM 27 /	Emp Dried							

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

le burial-transit permit. Pages 1, 2, 3 should

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IT. Aliel this belindate the book agree of the deciding proposed and company the state of the	_	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
	ter death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	lical
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FEB 07 1990

	FOR STATE REGISTRAR		STATE OF !) / DEPAR					MEN	TAL HYGIEN	_		
	1. DECEDENT'S NAME (First,	Middle, Last)									ATE OF OEATH			3. TIME OF DEATH
	Thomas		.T /	CKSON	I SP					1		1	YEAR Q ()	4:55 n M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. D/	ATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	077-12-2817		1 XXXX 2 □ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.		b. 22,	1908	Nor	th Carolina
- 1	9a. FACILITY NAME (If not in	stitution, give st	treet end number)			9b. CITY	TOWN (OR LOCATION	ON OF DE		J. 117		NTY OF D	
E	1202 Kings					l .		llvi1						Seorge's
읝	RESIDENCE OF DEC	EDENT	DIIVC			Litte	CIICI		.1.0			LTTI	CE C	eorge s
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CI1	Y, TOWN	R LOCA	TION						10d. INSIDE CITY LIMITS?
<u>-</u>	Maryland	Princ	e George	's	Mit	chel	lvi	lle						1 XXVES 2 NO
FUNERAL	10e. STREET AND NUMBER	. n					10	. ZIP COD	E			10g. CIT	ZEN OF V	VHAT COUNTRY?
띮	1202 Kings	Tree 1	Drive				2	20721				Unit	ed S	tates
5	11. MARITAL STATUS	v	12. WAS DECEDEN		ARMED NO	13.	WAS OEC	ENOENT C	OF HISPAN	NIC OR	IIGIN? (Specify Year orto Rican, etc.)	or No-		E — American Indian, k, White, etc.
BYF	1 Never Merried 2		IF YES, GIVE V		Пио		YES	XX NO	Specify		nto rican, etc.)	- 1	Spec	the:
														Black
Ē	15. DEC (Specify only	EDENT'S EDUC highest grade	completed)	16e.	(Give kind of life, Do NOT u	work done	CCUPATION TO COMPANY	ON ost of working	ng		16b. KIND OF BU	SINESS/IND	DUSTRY	
9	Elementary/Secondary (0	-12)	College (1-4 or 5	+)							-			
COMPLETED	8th					ruck	ing	1				vate		
	17. FATHER'S NAME (First, M										rst, Middle, Meiden	Surname)		
BE	Clemmie Jac										Siler			
2	19a. INFORMANT'S NAME (7										Number, City or Tow			00701
	Susie M. Jack			000/704	LZUZ					5 IAT	itchell	CATION —		
	MBuriel 2 □ Cremetio	n 3 🗆 Rem	ovet from State	othe	or place)			,.	,					
	4 Donation 5 Other		CENSEE	PIL	e Park			ND ADDRE						ton, N.Y.
		/	11 1	/ /	11/	_ 1								
	Mumm	UN	0,/	leay	SL						d. Lando			20785
	23. PART Enter the di	iseases, or c	complicatione the Liet only one da	at caused the	death. Do	not anter	tha mo	oda of dy	ing, suc	h as	cardiec or resp	iratory an	rest,	Approximata Interval Between
	IMMEDIATE CAUSE (FIR													Onset and Death
	disease or condition	→	e. Myocar	dial I	nfarct	:ion	due	to						
			OUE TO	(OR AS A CO	SEQUENCE ()F):								
N	Sequentially list conditi	ions.	⊾ Athero	sclero	tic_Ca	ırdio	vaso	cular	Di	ise	ase			
Ĕ	if eny, leeding to imme	diete	DUE TO	(OR AS A CON	ISEQUENCE C	IF):								
0	CAUSE (Disease or inju		c.	(OR AS A COR	SECULENCE C	MEN.		-		-			_	
CERTIFICATION	thet initieted events resulting in death) LAS	т	DOL (C	(01 45 4 60)	13EOVENCE (rr).								j
岗			d											+
AL (PART II. Other eignifice	ent condition	6 contributing to	death but n	ot resulting	in the u	nderlyin	g ceuse	given in	Part	i. 24a. WAS AN PERFÓ		240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2											1 TYES	No		COMPLETION OF CAUSE OF DEATH?
Ä												V		1 YES 2 NO
-														
M	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL						LACE OF D	DEATH (Ch	heck on	ily one)			
Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatier	M 3 DOA	4 Nu		ne 5 🗆 R	esidence	6 🗆	Other (Specify)			
PHYSICIAN: MEDIC	2 MANNER OF DEATH		26e. DATE Of (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY	26c. IN.	JURY AT DRK?		26d.	DESCRIBE HOW	INJURY OC	CURED	
ВУ		Pending Investigation				М	1 🗆	YES 2	NO					
		Could not be	26e. PLACE (building	OF INJURY — A , etc. (Specify)	t home, farm,	street, tec	tory, offic	ce		26t.	LOCATION (Street City or Town, State		r or Rural	Route Number,
COMPLETED	4 Homicide	determined												
PL	TOTALIN OTHER	FIFYING PHYS	ICIAN: To the beat o	t my knowledge	, death occur	red at the	time, date	and place	e, end due	to the	e ceuse(e) end me	nner as sta	ted.	
OM	one)	ICAL EXAMINE	R: On the basie of	examination and	d/or investigat	on, in my	opinion,	death occu	red at the	time,	date end place, e	nd due to t	he ceuse(a) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R						ENSE NU			29d. DA	TE SIGNE	O (Month, Day, Year)
) BE		1. cho	٤.	He	va m	9		3)20	09	86	•	2/1	190
10	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	JSE OF DEATH	(ITEM PT) (TVD	e Print)							_	

1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / D Cef		MENT OF			MENTA	REG. NO.			
DECEDENT'S NAME (First, Middle, Last)	RTHUR	SA	MUEL		JONE	s,II	2. DATE MONT	of DEATH -29-90	,	YEAR	3. TIME OF DEATH 9:40AM M
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 D F	6. AGE (In yrs. lest bi		F UNDER 1 YEAR		24 HRS. MIN.	7. DATE	of BIRTH h, Day Year) -10-198	39	8. BIRTH Country	PLACE (State or Foreign y) Md
96. FACILITY NAME (If not institution, give s Franklin Square			9	Ros	OR LOCATION		ATH			NTY OF DI ltima	ore County
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	γ		Balti	MONE	ATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 5538 Force Ro	ad				IOI. ZIP CODI	2120)6			S A	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WE	EVER IN U.S. ARME YES 2 NO IR OR DATES	D	If yes,	ECENDENT Coppedity Cubs	n, Maxicai	n, Puarto	N? (Specify Yea Rican, atc.)	or No—	14. RACE Black Speck	E — American Indian, k, White, atc.
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondery (0-12)		(Give		BUAL OCCUPA k done during i etired.)		ng	16k	. KIND OF BUS	INESS/INC	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Arthur Jones,	Sr				Cas	Sandı	ra(H	Middle, Maiden \$ Ommond))	Hammo	ond
190. INFORMANT'S NAME (Type/Print) Arthur Jones		55	538 F	orce l	Road E	Balt		e, Md 2		,	
20a. METHOD OF DISPOSITION 1 \(\tilde{\Omega} \) Burlai 2 \(\tilde{\Omega} \) Cremation 3 \(\tilde{\Omega} \) Ren 4 \(\tilde{\Omega} \) Donation 5 \(\tilde{\Omega} \) Other (Specify) \(\tilde{\Omega} \)		206. PLACE OF other place King)	rial	Park					Stov	vn, stata vn, Md
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE ED.	0		M	and address arch f 300 V	-/H	Wes	t venue			
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that List only one ceus	e on aach line.	h. Do not	t antar the n	noda of dy	ing, auci	h aa car	diac or respir	ratory ar	rest,	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEQUI				-					
CAUSE (Disease or Injury thet Initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQU	ENCE OF):								
PART II. Other eignificent conditio	na contributing to	death but not res	ulting in	tha Undarly	ing cauaa	given in	Part i.	24s. WAS AN PERFORE	MED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXIII ES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ŒR/Outpatient 3 □		26. OTHER:	PLACE OF D						
27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		28b. TIME (INJUR	TY I	NJURY AT WORK? YES 2] NO	28d. DE	\$CRIBE HOW II	NJURY OC	CURED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF building,	FINJURY — At home etc. (Specify)	o, ferm, etro	eet, factory, of	fice			CATION (Street a or Town, State)	nd Numbe	r or Rural F	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYS	ER: On the basis of ex										a) and manner as stated.
296. SIGNATURE (NO STLE OF GENTRAL	and!	0				ME	ABER		29d. DAT		(Month, Day, Year) 0-90
JULIA C. GOODIN,					eet,B	alti	more	,MD 21	201		VC
SI. DATE PILED (NO. DOL NO.)	90 de	S SIGNATURE	nd. 20								

TO BE COMPLETED BY PHYSICIAN: MEDIAN MEDIAN MEDIAN ACTIONS A PROPERTY. The TENNING PHYSICIAN MEDIAN

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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ORE, MARYLAND 21203-3146	6 may be retained by me movital or attending physician.	ector, page 5 should the man for use as the burial-transit permit. Pages 1	
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Sequentially list conditions, If any, issding to immedists cause. Enter UNDERLYING

CAUSE (Disease or injury that initiated events

resulting in death) LAST

should

FOR STATE REGISTRAR

nd completely filled in by the funeral director, unlal, cremation, or removal. executed within BOX 13146, signed by the attending physician and con Health and Mental Hygiene prior to burial, certificate be P.0. requires that the death OF VITAL RECORDS, t, of H Dept. OR ATTENDING PHYSICIAN: The law certificate I this ca DIVISION After 1 death 10 THE HOSPITAL UNTURE TO THE FUNERAL DIRECTOR: An be filed within 72 hours after de IMPORTANT: If tem 28 is

	1. DECEDENT'S NAME (First, Middle, Lest, ELEANOR		JOHI	uson					2. DATE OF DEAT	DAY	YEAR SO	3. TIME OF DEATH
100	4. SOCIAL SECURITY NUMBER 218-05-6780	5. SEX 1 M 2 X F	6. AGE (In yrs	last birthday) 7 7YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH		Coun	NPLACE (State or Foreign try) yland
TOR	90. FACILITY NAME (If not institution, give Bon Secous RESIDENCE OF DECEDENT		ma_				DR LOCATI		MD		UNTY OF	DEATN
DIRECTOR	Maryland 10b. coun	TY			r, town ltim		TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1510 Old Frederi	ck Road				10	2122				A.	WHAT COUNTRY?
BY	11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIYE WA	YES 2		13.	If yes, sp			NIC ORIGIN? (Specifier, Puerto Rican, etc.):		14. RAC Blac Spec	CE — American Indian, ck, White, etc. city: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondery (0-12) High School			Give kind of the Do NOT u	work done ise retired.)	during m	ON ost of working	ng		el Cle		°s
BE CON	17. FATHER'S NAME (First, Middle, Last) Harry Gross								ME (First, Middle, Me Tripp	alden Surneme)		
TO B	190. INFORMANT'S NAME (Type/Print) Janet Brooks			19b. MAILING 3411					Aoute Number, City o altimore			21215
	20s, METNOD OF DISPOSITION 1 (X Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	Arbu	CE OF DISPO	emor	ial	metery, cres Park	natory or		altimo		County, MD
	21. SIGNATURE OF FUNERAL SERVICE L	R Ba	ley			2501		nns :	Falls Pkrarvland	vy.		l Homes, In
	23. PART i. Enter the disesses, or shock, or heart failure immEDIATE CAUSE (Finel disesses or condition resulting in death)	s	on each	line.	not snts	r the me	ode of dy					Approximats interval Between Onset and Death

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATN? 1 YES 2 NO

0600

DUE TO JOR AS A CONSEQUENCE OF

25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) HOSPITAL: EXAMINER? OTHER: estient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED INJURY 1 Netural 5 Pending M 1 YES 2 NO 2 Accident Investigation 26a. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 🔲 Homicide

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the films, date end place, end due to the cause(e) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(a) end manner as stated.

96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year,
S. M. O. M. D	037331	1 2/3/90
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type Print)	

31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

FEB 07 1990

Davidson-Randall

DHMH-18 Rev 1/89

	20	4		_
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, in		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must it
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	뿔	뿚	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2
	2	2	2	Ξ

30. NAME AND ADDRESS OF MARGARITA

31. DATE FILED (Month

SON WHO COMPLETED CAUSE OF KORELL, MD

REGISTRAR 1. DECEDENT'S NAME (First	, Middle, Last)			CERTIFI	CALL	OF DEATH	2. DATE	REG. NO			3. TIME OF DEATH
PA.	TRICK		Edwa	ard C	OHNSC	N Jr.	MONTH	1- 90°	MY	YEAR	10:40PM
4. SOCIAL SECURITY NUM 217-68-104		5. SEX		rs. last birthday)	IF UNDER 1 Y	YEAR IF UNDER 24 HRS.	(Month	DF BIRTH , Day, Year)		Count	
9a. FACILITY NAME (# not h				9 YRS.	AL OUTY TO	OWN OR LOCATION OF D		23, 1		Mar	yland
400 E. Lat	ffayet		9			altimore Ci			96. COL	MITOFL	ZEATH
10a. STATE	10b. COUNT	Υ			, TOWN OR						10d. INSIDE CITY LIMITS?
Maryland				Ва	timor	101, ZIP CODE			100 CD	TIZEN OF	WHAT COUNTRY?
4040 The A											WILL COOK IN
11. MARITAL STATUS	Lameua	12. WAS DECEDEN	IT EVER IN U	SARMED		21218 S DECENDENT OF HISPA			LU_S a or No—	14. BAC	E — American Indian,
1 Never Married 2 3 Widowed 4 Div		FORCES? 1	YES WAR OR DATE	2/ NO		es, specify Cuben, Maxico YES 2 NO Specif		ilcan, atc.)		Spec	R, White, etc.
15. DEC	CEDENT'S EDU	CATION completed)	16	Se. DECEDENT'S	USUAL OCCI	UPATION	16b.	KIND OF BL	ISINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5				ing most of working					
		ollege F	resh	Sti	ident					re C	ollege
17. FATHER'S NAME (First, A Partick E.		on 6+				18. MOTHER'S NA					
19a. INFORMANT'S NAME (on, st.		10h MAII ING	Annoese /	Patrici Street and Number or Rural				in Codel	
Patricia G		rđ				Lameda Bal					21218
208, METHOD OF DISPOSIT	TION	A Transporter	20b. P	LACE OF DISPOS		of cemetery, crematory or	L C IIIIO		OCATION -		
1 Burial 2 Cremati		oval from Statio		outus Me	emoria	al Park		Rai	Ltimo	re C	Sounty, MD
21. SIGNATURE FUNERA	AL SERVICE LIK							Dal			outtey, tip
		CEMSEE		٨	22. NA	ME AND ADDRESS OF FA	ACILITY	Viittei	Firm	eral	Homes, Inc
1	+7	1		1	22. NA 250	ME AND ADDRESS OF FA	alls	Nutter Pkwy	Fun	eral	Homes, Inc
23. PART I. Entar the o	the liseases, or	complications the	t called t	death. Do n	22. NA 250 Bal	ME AND ADDRESS OF FA D1 Gwynns F Ltimore, Ma	alls rvla	Nutter Pkwy.	Fun 1216	era1	Homes, Inc
shock, or f	Ilseases, or reart fallure.	> ten	t called t	death. Do n	22. NA 250 Bal	ME AND ADDRESS OF FA D1 Gwynns F Ltimore, Ma	alls rvla	Nutter Pkwy.	Fun 1216	era1	Approximata
shock, or in IMMEDIATE CAUSE (Findisease or condition	Ilseases, or neart fallure.	complications the	nt callbed to use on eac	ň line.	22. NA 250 Ball lot entar th	ME AND ADDRESS OF FA D1 Gwynns F Ltimore, Ma	alls rvla	Nutter Pkwy.	Fun 1216	era1	Approximata
shock, or I	Ilseases, or neart fallure.	complications the	nt caused to use on each	ň line.	22. NA 250 Ball of enter th	ME AND ADDRESS OF FA D1 Gwynns F Ltimore, Ma	alls rvla	Nutter Pkwy.	Fun 1216	era1	Approximata
shock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	Ilseases, or eleart fallure.	complications the List only one can a. Gunsho	ot WOU	inds to	22. NA 250 Ball sot enter the head	ME AND ADDRESS OF FA D1 Gwynns F Ltimore, Ma	alls rvla	Nutter Pkwy.	Fun 1216	era1	Approximata Interval Between
shock, or I	Ilseases, or eart failure.	complications the List only one can a. Gunsho	ot WOU	inds to	22. NA 250 Ball sot enter the head	ME AND ADDRESS OF FA D1 Gwynns F Ltimore, Ma	alls rvla	Nutter Pkwy.	Fun 1216	era1	Approximata Interval Between
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DEATH (ITEM 27) (Type, Print)
111 Penn Street, Baltimore, MD 21201

DHMH-16 Rev 1/99

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BALLIMORE, MARTI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retirined in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 attends in		IMPORTANT. If liem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be neithed at
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	里	포	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	POR
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physician.

It burial-transit permit. Pages 1, 2, 3 should

1203-3146

BALTIMORE, MARYLAND

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIENI REG. NO.	E	- 5,000
100	1. DECEDENT'S NAME (First, Middle, Last) EVELUA	C. Jo	hoson		2. DATE OF DEATH DA	9	ar 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-18-4099	1 🗆 M 2 🗗 F	66 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-2-6	23 °	MATY Land
DIRECTOR	Deaton Hosp. Residence of decedent	ital med,	Center 1	3 a / timore	1	9c. COUNTY	
DIRE	Maryland 106. COUNTY	-	Balti	1	,		10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2012 Raynor Ave.			21217		U.S.A.	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	WAS DECENDENT OF HISPA If yes, epecify Cuben, Maxic 1 YES 2 NO Specifications	en, Puerto Rican, atc.)		RACE — American Indien, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USUAL ((Give kind of work done	OCCUPATION during most of working	16b. KIND OF BUS	INESS/INDUST	
	Elementary/Secondary (0-12)	Collaga (1-4 or 5+)		during most of working			
OMP	17. FATHER'S NAME (First, Middle, Last)		Domestic	18 MOTHER'S N	Domest		
	Elijah Pender			Elizab		sorneries	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	SS (Street and Number or Rural		n, State, Zip Cod	(e)
7	Linda Diggs		1313 West	Lafayette A	ve. Balt:	imore,	MD 21217
	20s. METHOD OF DISPOSITION 1.0 Buriel 2 Creme on 3 Rem 4 Denetion S Genetical (Specify)	oval from State	Arbutus Mem		Balt	cation — chy timore	County, MD
	21. BIGHATURE A ROMERAL SERVICE LIC	DENSER		NAME AND ADDRESS OF F. 2501 Gwynns Baltimore, M	Falls Pkwy	Funera	l Homes, Inc.
NO	23. PART Fifter the dispesses, or shock, pr heart fellure. IMMEDIATE CAUSE (Final disease or agadition resulting in deeth) Sequentielly list conditions,	a List only one cause on ee a List only one cause on ee a List only on as a b List only one cause on ee	the death of not entered line Consequence of:		ch aa cerdiec or respi		Approximate interval Between Onset and Death Millian Hyrian
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):	0	<i>f</i>		
MEDICAL	PART II. Other algnificant condition	g contributing to death but		inderlying cause given in	1 Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	LOTHE	26. PLACE OF DEATH (C	heck only one)		
YSI	1 YES 2 HO	1 Inpetient 2 ER/Outpe		ursing Home 5 - Residence	1		
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	ED
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Speci	— At home, farm, atreet, fa		28f. LOCATION (Street a City or Town, State)	and Number or R	iural Route Number,
COMPLETED	and only	ICIAN: To the best of my knowle					use(e) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU			GNED (Month, Day, Year)
O BE	Kolando	V. Sfoco	MD	D01	860	12	-1-90
10	1/14/201/1/	OCO MA	ATH (ITEM 27) (Type, Print) 767 E. Fo	rt the, B	oft. Md	. 2/2	-30
	31. DATE FILED (Month, Day, Year) FFR 0.7 1990	July Daydoon	SHOLES				

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely. Tied in by the funeral direct be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	separate is the And is secularly as these 25 shares and falses for other descended assembled assembled assembled
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DECEDENT'S NAME (First, Middle, Last)	2 Toni	CERTIFICATIONS		REG. NO 2. DATE OF DEATH MONTH	DAY YI	3. TIME OF DEATH
SOCIAL SECURITY NUMBER		1 = 1 10	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
579-16-1196	10 M 2 DF 95	YRS. MONTH	B DAYS HOURS MIN.	Month, Day, Year)	84 R	country)
a. FACILITY NAME (If not institution, give str	eet and number)	95. C	TY, TOWN OR LOCATION OF C	EATH	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT	<u> </u>	13	HLITTURE	5		
De. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
MD. Bal	timore	Ba1	timore			1 X YES 2 NO
00. STREET AND NUMBER	WALL 21	Batto MD.	101. ZIP COOE			OF WHAT COUNTRY?
1. MARITAL STATUS	12. WAS DECEOENT EVER IN	JOHN 011 -1	3. WAS DECENDENT OF HISPI	NIC OBIGINS (Seconds V		ed States
☐ Never Married 2 Married X Wildowed 4 ☐ Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuban, Maxic	en, Puerto Ricen, atc.)	al or No-	Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND OF BU	JSINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	d.)	Deliver	01	
7. FATHER'S NAME (First, Middle, Lest)	4	beau	Hiciar 10 MOTHER'S N	Beauty AME (First, Middle, Maide)		
Toscoh	Beard		III. MOTHET S TO	Ida 14	11	
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Co	de)
Beulah J. Holbert		617 Upsh	ur St., N.W.	Wash. D	.C. 20	0011
04 METHOD OF DISPOSITION ABurlal 2 Cremation 3 Remo	20b.	other place)	(Name of cemetery, crematory or		OCATION City	
1. SIGNATURE OF EUROPAL SERVICE LIA	2		per National		Culpepp	er,Virginia
Miren	2 Xa	th	7400 Georgia	mcGuil.		al Service
23. PART & Enter the diseases, or o	omplications that caused list only one cause on ea	the death. Do not en	ter the mode of dying, su	ch as cardiac or resp	piratory arrest	Approximate Interval Between
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resulting in Seeth)	DUE TO OR ALL A	TNEC	IMONIA			10day
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that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				i
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PART ii. Other aignificant condition	s contributing to death bu	t not resulting in the	underlying cause given i		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO
				1 YES	2 NO	OF DEATH?
						1 TYES 2 NO
			26. PLACE OF DEATH (C	hack only one)		
S. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		IER: Nursing Home 8 - Residence			
S. WAS CASE REFERRED TO MEDICAL EXAMINER?			recoming training of the training		INJURY OCCUP	RED
EXAMINER?	1 Inpatient 2 ER/Outpa	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW		
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 8 Pending	1 Inpatient 2 ER/Outpa		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW		
EXAMINER? 1 VES 2 NO 7. MANNER OF DEATH 1 Natural 8 Pending	1 Inpatient 2 ER/Outpa	28b. TIME OF INJURY N	WORK?	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 9a. CERTIFIER (Check only) 1 CERTIFYING PHYSH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME OF INJURY N — At home, farm, street, y)	WORK? 1 YES 2 NO factory, office	281. LOCATION (Stree City or Town, Stat e to the cause(a) and m	e) anner as stated.	
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not be detarmined 9a. CERTIFIER (Check only) 1 CERTIFYING PHYSH	1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Clan): To the best of my knowled	28b. TIME OF INJURY N — At home, farm, street, y)	WORK? 1 YES 2 NO factory, office	28f. LOCATION (Street City or Rown, State to the cause(a) and m e time, data and place,	anner as stated.	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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	FOR STATE REGISTRAR	STATE OF M	MARYLAND /		TMENT				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, L	(4 Det of 6	Elswe	orth	D.Jo	hns	on.Jr	2. DATE OF D	EATH DAY	SYEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthdey)	IF UNDER 1	YEAR IF	UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRT	THPLACE (State or Foreign
	216-70-910	10M2 0 F		YRS.			OURS MIN.	(Month, Day	(Year)	Cour	ntry)
	9a. FACILITY NAME (If not institution, g	the street and number)	54		Oh CITY T	OWAL OR L	OCATION OF DI	12/11/	1935	COUNTY OF	ryland
oc					30. GIT, 1	OWN ON E	OCATION OF DI	CAIN	96.	COUNTY OF	DEATH
2	Loch Raven VA	Medical Ce	iter		BAI	TIMO	RE				
E C	10a. STATE 10b. CO	UNTY		10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY
DIRECTOR	MD	A.A.Co.		Po	ltimo	**	Pasa	adena			1 YES 2 NO
	10e. STREET AND NUMBER			1 Da	LLIMO		CODE		100	. CITIZEN OF	WNAT COUNTRY?
FUNERAL	7851 Outi	ng Ave					2112	2		US.	Δ
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF		13, W	S DECEND		NIC ORIGIN? (Sp	ecity Yea or N	4	CE - American Indian,
	1 Never Married 2 🛣 Married	FORCES? 1	YES 2	NO	H.y	rea, specify		n, Puerto Rican		Ble	ick, White, atc.
BY	3 Widowed 4 Divorced	K	orean			J 163 2 [XIIO Specif	у.		Spe	White
ETED	15. DECEDENT'S (Specify only highest of	EDUCATION	16a. DI	ECEDENT'S	USUAL OCC	UPATION	Lucy of the or	16b. KINI	OF BUSINES	S/INDUSTRY	
山山	Elementary/Secondary (0-12)	College (1-4 or 5	96	n. Do NOT u	se retired.)	ing most of	working				
로	12th.Grade		-	0	wner			11000	Ta	avern	
COMPL	17. FATHER'S NAME (First, Middle, Last)				16	MOTHER'S NA	ME (First, Middle	, Maiden Surna	ime)	
	Elsworth	D.	Johns	son.	Sr.		Alma	D.	Aı	rmstr	ong
BE	19a. INFORMANT'S NAME (Type/Print)		T			Street and I		Route Number, C			V-4-5
2	Mrs.Margaret	J.Johns	on	785	1 011	ing	Ave.	Pasade	na Mo	1.211	22
	20a METHOD OF DISPOSITION 1 Description 2 Comments 3 1 1		20b. PLACE	OF DISPO			ry, crematory or		-	ON — City or	
	1 - Burial 2 - Cremation 3 - 1 4 - Donation A Other (Specify)	Removal from State	other p	Vece)	ill (.Co.M	
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	1	/			DDRESS OF FA	ACILITY			.Md.21230
	D111 - 0	N N	/ /								
1	Nanul	(1.7/	aywo	7							.Fort Ave.
1	23. PART I. Enter the diseases, shock, or heart falls	or complications the	it coulded the di	eeth. Do	not enter ti	ne mode	of dying, suc	th as cerdiec	or reepirato	ry arrest,	Approximate Interval Between
-	IMMEDIATE CAUSE (Finel	70	-1	-			0				Onset and Death
	disease or condition resulting in death)	· Kere	noto	24	a	e co	21				
		DAE TO	(OR AS A CONSE	DUENCE O	e):	11				40	1
Z	Construction that are distant	The Pos	2 0%	al	rus	tre	-22	-1000	mem	·47	5 dorc
[은	Sequentially list conditions, if any, leading to immediate	DUE TO	ION AS A CONSE	QUENCE O	90		16	100			1-13
8	cause, Enter UNDERLYING CAUSE (Disease or Injury	1 16	31 SA	al	()	cel	1	CF			642,85
CERTIFICATION	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):						
ᇤ	resulting in death) LAST	d									
O	PART II. Other significant cond	itions contributing to	death but not	cesulting	In the und	arivina co	use alven in	Part I 24a	. WAS AN AUTO	nev I a	4b. WERE AUTOPSY FINDINGS
18			Godin out not	rouditing	in the did	arrying Co	adso given in		PERFORMED	?	AMILABLE PRIOR TO
MEDICA								10	YES 2 21	10	OF DEATH?
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Z											
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:	26. PLACE	E OF DEATH (C)	heck only one)			
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PHYSICIAN:	27. MANNER OF DEATH	26a. DATE Of (Month, I	Pay, Year)	28b. TIN	URY 2	Sc. INJURY WORK		28d. DESCRI	BE HOW INJUR	Y OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigat	lon			М	1 YES	2 NO				
ED E	3 Suicide 8 Could no	t pe building	OF INJURY - At h	ome, farm,	street, factor	y, office			N (Street and N wn, State)	lumber or Rum	I Route Number,
H	4 Homicida determine	d									
2	29a. CERTIFIER (Check only	HYSICIAN: To the best o	l my knowledge, d	leath occur	red at the tim	e, date and	f place, and due	a to the cause(a) and manner :	an stated.	
COMPLET	enel enel										e(s) and menner as stated.
	296. SIGNATURE AND THE OF CERT						c. LICENSE NU				50 (Month, Day, Year)
BE	7 4.1	an M	20			1	EIGENGE NO		280	1)	1/90
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH /IT	EM 27) (70~	Print)					4/	1110
	1 ()	111	10		och					/	

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or attending physician.	by use as the burial-transit	
by the stated by pa housts	page 5 20 mg described	be netified at eace.
TO THE HOSPITM, OR ATTENDING PRESCOAR! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be executed by the household of the prescoal by the household of the househ	TO THE RANCOM, CHECKOR After the conflictment has been signed by the attending physician and completely filled in by the funeral director, jungs 6 20 ments described by use as the burist-branch common or co	MEDITARY. If then 28 is marked, or then 23 shows any injury, or other traumdic event, the medical examiner must be neithed at each.
artificate be executed within 24	TO THE RANCOM, CHRECTOR After this conflictant has been signed by the attentioning physician and completely filled in by the for	other traumatic event, the
the requires that the death or	as been signed by the attends	23 shows any injury, or
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DECEDENT'S NAME (First, A	Widdle Leat)			CE	RTIFI	CATE	UF.	DEA	III.	3 DAYS	REG. NO	-	-	9 70	ME OF DEATH
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216 32 5372		1 M 2 X3	-	88		MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)	02	Coun	ntry)	
la. FACILITY NAME (If not inet				00	17101	at olan	POMPL O	2.000			. 4,19			-	and
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ORTH ARUNDEL	HOSP	PITAL.				GLEN	BUI	NIE				IA.A.	CO	MINI	Υ
	10b. COUNTY				10c. CITY	, TOWN OF	R LOCAT	ION						10d.	INSIDE CITY
Maryland		Anne Ar	rundel							Pasa	adena				YES 3 X NO
On STREET AND NUMBER							101	, ZIP COD				10g. CIT	ZEN OF	WNAT	COUNTRYT
8359 Forest	Glen	Dr.							211	22		Unit	ed	Sta	tes
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☐ Never Married 2 ☐ M	farried		1 YES)	11	yes, sp		n, Maxice	n, Puerto	Rican, etc.)		Blac	ek, Whi	te, etc.
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(Specify only i		Collage (1-4 c	rr 8+)	Me. Z	Oo NOT us	rork done di e retired.)	unng mo	at or workii	19						
12					Hom	nemak	er					Don	nest	ic	
7. FATNER'S NAME (First, Mid	idle, Leat)							16, MOT	NER'S NA	ME (First,	Middle, Melden	Sumame)			
William					Jone	es		Ca	arri	e			(Un	kno	wn)
Bo. INFORMANT'S NAME (Typ	pe/Print)			18b.	MAILINO	ADDRESS	(Street a	ind Number	or Rurel	Route Num	ber, City or The	rn, State, Zir	Code)		
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0e. METNOD OF DISPOSITIO	ON		200	b. PLACE O	F DISPOS	ITION (Nan	ne of oer	netery, oran	netory or		200. LC	CATION -	City or 1	Town, S	teta
XSurial 2 ☐ Cremation ☐ Donation S ☐ Other (5	1 3 □ Rem Speally)	ovel from State		Ceda		11 C	eme	terv				Balti	mor	e. '	MD
1. SIGNATURE OF FUNERAL		and the same of th										Durci	LINO	-,	112
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ITEM: 19a per FH G-660 2-16-90 cm

	1 - STATE REGISTRAR	STATE UF I	MAKYLANU / CE				DEAT		MENIAL	REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN		WEAR	3. TIME OF DEATH
	PEARL H KOLB								02	02) M	90	01:10Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE (OF BIRTN , Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	222 01 9492	1 □ M 2 🔀 F	8.4	YRS.	MONTHS	DAYS	HOURS	MIN.	04	02 05			RYLAND
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b, CITY	, TOWN O	R LOCATI	ON OF OE	ATH		9c. COU	INTY OF D	EATH
8	GREATER BALTIMOR	RE MEDICA	L CENTER		TO	WSON	4				BA	ALTIM	ORE
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			10. 017	Y, TOWN (00 1 0017	ION				-		10d, INSIDE CITY
DIRECTOR	TANDELLE CONTRACTOR						ION						LIMITS?
	10e, STREET AND NUMBER	TIMORE		10	WSON	_	ZIP CODI	:			100 CIT	IZEN OF Y	1 ☐ YES 2 ☒ NO
FUNERAL	7001 N CHARLES	C TT				""	2120				log. Oil	ILLIN OF V	MAI GOOMINI
¥	11. MARITAL STATUS		IT EVER IN U.S. ARM	4ED	13.	WAS DEC			IC ORIGIN	? (Specity Yee	or No-	U.S.	American Indian,
	1 Never Merried 2 Merried	FORCES?	YES 2 X N			If yes, spe		n, Mexicer	n, Puerto R			Black Speci	t, White, atc.
BY	3 X Widowed 4 Divorced	. 125, 6.12					Z QZ.	ороспу				Ороса	WHITE
	15. DECEDENT'S EDU (Specify only highest grade		16a. DEC	EDENT'S	USUAL O	CCUPATIO	N st of workir	10	16b.	KIND OF BUS	SINESS/IN	OUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Hón	Do NOT u	se retired.)	1112				OLINI I	IOME		
MP	n/a	n/a		HC	MEMA					OWN I			
8	JAMES BAYARD						L	NDA	BELL	E LUCI	lS		
BE	JAMES-HAMILTO) N-				-				LUCAS			
0	190. INFORMANT'S NAME (Type/Print) KIM SALMON MARGARET	D M-MACTE								er, City or Town			
		. K PLPADII	20b. PLACE C	_					CEYSV	ILLE N		21030	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	ovat from State	other ple	cel	LEW (natory or	· ·			City or To	DELA.
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE Lie	CENSEE /	_ KIV	EKV.		NAME AN	ID ADDRE						, , ,
	1 /2 · 2	<i>D</i> .								T HOW			
_	23. BART I. Entar the diseases of	flows											1d. 21213
	shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ce										,	interval Batween Onset and Death
CERTIFICATION	Sequantielly liet conditiona, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. her	Seftis O (OR AS A CONSEC C POR AS A CONSEC	1 Marie		relas	y to						
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	na contributing to	death but not re	asulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF E	EATN (Ch	eck only on	(0)			
YSI	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatient 3	□ DOA		rsing Hom		eeldence	8 🗆 Othe	r (Specify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIR	JURY	WC	URY AT		28d. DES	CRIBE HOW I	NJURY O	CCURED	
ВХ	2 Accident Investigation				М		YES 2 [NO					
0	3 Suicide a Could not be	28e. PLACE building	OF INJURY At ho i, etc. (Specify)	me, term,	streat, fac	ctory, offic	•			ATION (Street or Town, State)		er or Rural i	Route Number,
Ē	29a. CERTIFIER	1											
COMPLETE	(Check only	ER: On the basis of											e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R	enji	M.	D.		29c, LIC	ENSE NUM	MBER 8 9 2	2-116	29d. DA	2.5	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CA	USE OF DEATH (ITE	4 27) (Typ	e, Print)							-	
	"FEB"0"6"1990"	Tella Davids	AR'S CANATURE										

louid be detached for use as the burial-transit permit. Pages 1, 2, 3 should ed by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xxxvours after death. Pl TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

RYLAND 21203-3146

ONMN-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after duct. Page in the manual by the attention physician and completely filled in by the fluorist of the property of the purity permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner much be ignited at times. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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d in by	or remove	medical
ECTOR: After this certificate has been signed by the attending physician and completely filled in by the turners of the	s after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or remove	1 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
sician and c	orior to buria	traumatic
ending phy	І Нудіепе р	or other
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has bee	Dept. o	n 23 sh
certificate	the State	, or iter
After this	death with	E marked
ECTOR:	s after	1 28 k

												30	02302
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND / Ce				EALTH DEAT		MENTA	L HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Leet) Margare	et Mi	ldred	1	Kae	Hle:	r			eb.3	1990	YEAR	3. TIME OF OEATH
	070 07 70004	5. SEX 1 M 2 X F	6. AGE (In yrs. less	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont) OC	of BIRTH	908	Countr	PLACE (State or Foreign aryland
J.B	Arundel Geriatric Nurs. Home 9b. CITY, TOWN OR LOCATION OF G Arundel Geriatric Nurs. Home Glen Burnie									9c. COU	A .	A.Co.	
اق	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			40. 007	Y. TOWN (MA MINING OUT
DIRECTOR	Maryland						ty,M	ld.					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	1200 Battery	Ave.				101.	ZIP CODE	2123	0		10g. CIT	US.	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARI YES 2 AN MAR OR DATES	MED IO		If yes, spe	ecity Cube	n, Maxica	n, Puarto	N? (Specify Yee Rican, etc.)	or No—	Black	- American Indian, White, etc.
0	15. DECEDENT'S EDUC. (Specify only highest grade of				USUAL O		ON st of workin		168	. KIND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 7th.Grade	College (1-4 or 5	·) Ille.	Do NOT u	ema)		at Of WORKI	Ŋ		Own	1 Но	me	
WO	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First,	Middle, Maiden			
BE C	James	Edwa		cDor				Mar					Connolly
0	19a. INFORMANT'S NAME (Type/Print)		19t							ber, City or Town			
1	Ms. Kathleen H	aynie	20b. PLACE						. ba.	Lto .Md	CATION —		Λ Λ
1	1 Burial 2 Cremation 3 Remo	val from State	other ple	loos					Parl	c GI	len	Bur	nie, Md.Co.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			22.	NAME AN	ID AODRE	SS OF FA	CILITY	Ba	ilto	.Md	.21230
	Dames &	i. Hack	men	7.									E.Fort Ave
	23. PART L. Entar tha diseeses, or co shock, or heart failure. L	omplications tha	t caused the de	eth. Do	not antai	tha mo	de of dy	ing, auci	h aa car	diac or reapi	retory ar	rest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Ca	vein	un	Ja	7	Te	106	2h	C, C	te	K	
_	Totaling in occur,	DUE TO	(OR AS A CONSEC	QUENCE C	m	etc	70-	OV	R	'RI			
ATIO	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE C	F):	10		1					
CERTIFICATION	CAUSE (Diseese or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE C	PF):								
H	d d												
1 - 1	PART II. Other significant conditions	contributing to	deeth but not r	eaulting	In the u	nderfylng	g cause	given in	Part I.	24a. WAS AN PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									_	1 TYES 2			COMPLETION OF CAUSE OF DEATH?
										}			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				-	26. PL	ACE OF D	EATH (Ch	eck only o	nne)			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Mu		e 5 🗆 Re	esidence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, E		26b. Till IN	ME OF JURY M		URY AT ORK? YES 2	□ NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined		OF INJURY — At ho etc. (Specify)	me, farm,	street, fac	tory, offic	•			CATION (Street of or Yown, State)		or or Rural i	Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 2 MEDICAL EXAMINER												e) end manner sa stated,
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	00	m. 6) -			29c_LIC	ENSE NU	MER	2-8	29d. DA	TE SIGNED	(Month, Pay, Year)
2	TO HAVE AND ADDRESS AS FERROWATER	COMPLETED CALL	DE OF OFATURE	44 am (7 -	24.0					- 0		$\infty /$	0/10

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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IN THE MUSTIAL UM ALIENDING PRINCIPAN. THE IMPRESSING HE DESCRIPTION OF EXECUTED WITHIN 24 HOURS SINE DESCRIPTION OF STREET HOURS SINE DESCRIPTION OF STREET HOURS.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer screen should be detached for use as the led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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FEB 07 1990

Pa. FACILITY NAME (If not institution, give s Memorial Hosp RESIDENCE OF DECEDENT			East	ton	SALL		LBOT	п
100. STATE 10b. COUNT	weens ann		rasonv					d. INSIDE CITY LIMITS?
Box 93A Cheste		111	108	ZIP CODE	538	10g. CITIZ	US.	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2, NO	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Speci	an, Puarto Rican,	etc.)	14. RACE — Black, W Specify: Whi	American Indian, hite, etc.
15. DECEDENT'S EDU (Specify only highest grade (Specify only highest grade (0-12) STN GRADE		18e. DECEDENT'S (Give kind of w life. Do NOT us	rork done during mo e retired.)		16b, KIND	of Business/IND	USTRY	
17. FATHER'S NAME (First, Middle, Leat) Louis		Kopec		18. MOTHER'S NA	AME (First, Middle,	Maiden Surname)	Ba	rnaa
19a. INFORMANT'S NAME (Type/Print) Mrs. Irma I.Kor 24a. METHOD OF DISPOSITION 11 Burlel 2 Cymretion 3 Cen			3A Che	ster Ri	ver D	y or Town, State, Zip C.Graso 20c. LOCATION	nvil	
4 Donetion 5 Other (Specify)		Loudon	22. NAME AF	Cemete:	ACILITY	Balto.M		230 Fort A
1 tener	1 1 1 0 - 1		INCOU	TTA LIL	leral i	TUILE . I. I	U Era	
23. PART I. Enter the diseases, pr shock, pr heert failure. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)	List only one feure on	each line.	ot enter the mo	de of dying, au	ch ae cardiac o	or respiratory arm	est,	Approximate interval Betwonaet and D
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	B. DUE TO (OR AS	each line.	ot enter the mo	de of dying, au	ch ae cardiac o	or respiratory arm	est,	Approximate Interval Bety Onaet and D
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	ot enter the mo	de of dylng, aud	Part I. 24a.	respiratory arm	24b. Will	Approximate Interval Bety Onaet and D
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ir attending physician. use as the burial-transit permit. Pages 1, 2, 3 should

203-3146

BALTIMORE, MARY

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
4	DECEDENT'S NAME (First Middle Last)		A DATE OF BEATH

				ALE UF	J = / (1 . 1 .		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	on	24		77	. 7 . 7 . 7	MONTE		Y	YEAR	TIME OF DEATH LO:45AM M
E1]		M.	8 foliated - 3	T	ndall		1-90	T-a	_	
212-22-324e	5. SEX	8. AGE (In yrs. les		F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE (Month	OF BIRTH	27	Country)	CE (State or Foreign
9e. FACILITY NAME (If not institution, give :			9	b. CITY, TOWN OF			310	9c. COUNT	Y OF OEAT	Н
3704 Elmora Ave	nue			Balt:	imore Ci	ty		~		
10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCATIO	ON				10	I, INSIDE CITY
MD -			B	ALTI	MORI	=			1)	YES 2 NO
3704 F/MI	RA L	7115		101.	2171	3		10g. CITIZE	1.5	COUNTRY?
11. MARITAL STATUS		EVER IN U.S. AR			NDENT OF HISPAN			or No- 1	4. RACE — Black, W	American Indien,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 AR OR DATES	10	1 TYES 2			ncan, etc.)		Specify:	1
15. OECEOENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of wor	SUAL OCCUPATION	of working	16b.	KIND OF BU	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		FILE		RVISO	10	115	F	46	
17. FATHER'S NAME (First, Middle, Last)				, ,	18. MOTHER'S NA	ME (First, I	Aiddle, Maiden	Sumame)		
CORNETIUS S	HIFLE	TT			NEILLE	1	- ~	1411	=//	= 11
190. INFORMANT'S NAME (Type/Print) HARRY SE	Al	190	b. MAILING AI	RELA	Number or Rural	Poute Numb	A. T	n, State, Zip C	(ode)	1213
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	Count doors State	20b. PLACE	OF DISPOSIT	ION (Name of came	etery, crematory or	4)	20c. LO	CATION — CI	ty of lown,	State
4 Donetion 5 Other (Specify)		10/	RO	SARY	CHUI	RCH	I DU	YPA	K	MP
21. SIGNATURE OF FUNERAL SERVICE LI	CENSER	1.1		22. NAME AND	ADÓRESS OF FA	CILITY	DWI	KD	1:1	VEBER
23. PART i. Enter the diseases, of	omplications that	caused the de	sth. Do not	t enter tha mod	a of dying, suc	th se care	llac or resp	ratory arre		Approximata
shock, or haart failure,	List only one caus	ee on eech line							æt,	
		se on aach mie	1.					,	æt,	Interval Batween
iMMEDIATE CAUSE (Final disease or condition	• ARTERIOS							,	9 1,	Interval Batween
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(BALTIMORE, MATT AND 21203-3146	It retained by an inospital or attending physician.	age to the committed for use as the burial-transit permit, Pages 1, 2, 3 show	be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may in retiminating by a notating physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to the control of the burial-transit permit. Pages 1, 2, 3 show the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEAT	ГН	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Sadye Lou	man		2. DATE MONT	of DEATH	90 YEAF	3. TIME OF DEATH 5:40 A.
4. SOCIAL SECURITY NUMBER 2/3-30-88/5	1 - M 2 X F 9	7 YRS.	UNDER 1 YEAR IF UNDER	Min. (Mon	of BIRTH		RTHPLACE (State or Foreign untry) Md.
90. FACILITY NAME (If not institution, give s Jvy Hall Nursing RESIDENCE OF DECEDENT		91	Middle R		9	Ba	timore
10e. STATE 10b. COUNTY	ltimore		own or Location ddle River				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 504 Nollmeyer Ro	pad		101. ZIP COD	220	1		S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT Of the year, specify Cube 1 ☐ YES 2 ☑ NO	n, Maxican, Puarto		10.00	ACE — American Indian, lack, White, atc. pocify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			UAL OCCUPATION done during most of world kired.)	ng 16	At Home		Y
17. FATHER'S NAME (First, Middle, Last) Robert Browne			16. MOT	HER'S NAME (First,	Middle, Meiden Su		
190. INFORMANT'S NAME (Typo/Print) Marie L. Blaker			ORESS (Street and Number Uneyer Rd.	r or Rural Route Nun	nber, City or Town, S)
20e. METHOD OF DISPOSITION 1	oval from State	PLACE OF DISPOSITI	on (Name of cometery, cres r. Mount (re	natory or	20c. LOCA	TION - City of	
21. SIGNATURE OF FUNERAL SERVICE LIC	S. Zula				& Son S	Inc. 62	224 astern Ave.
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Sevelof- DUE TO (OR AS A	CONSEQUENCE OF):	E M1				
PART II. Other significent condition	ne contributing to death b	ut not resulting in	the underlying cause	given in Part I.	24a. WAS AN AU PERFORMI	ED?	24b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
		<u> </u>					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	DEATH (Check only o	,		
27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outs 28s. DATE OF INJURY	28b. TIME C			er (Specify) ESCRIBE HOW INJ	URY OCCURE!	D
1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 TYES 2				
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	cify)	et, lactory, office	Zer. LO	CATION (Street and y or Town, State)	I NUMBER OF BU	rer noute Number,
Corroom oray	ICIAN: To the best of my know ER: On the basis of examinatio						se(a) and manner as states
296. SIGNATURE AND TITLE OF CENTIFIE	1		29c, LIO	ENSE NUMBER			NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WIN			int)		/		1. 11.73
34-OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		411)				

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	HOSPIT	UNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene pnor to bunal, cremation, or removal.	ANT	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /		ICATE C			MENTA	L HYGIEN REG. NO			
	1. DECEDENT'S NAME (First GER IRUDE	, Middle, Last)	F	LORT	,				2. DATE	of DEATH	Y	91 G AR	7 45 PM M
	4. SOCIAL SECURITY NUMBER 217 01 377		5. SEX 1 M 2 XX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YE		MIN.	7. DATE (Monti Aug	of BIRTH	1901 8. BIRTHPLACE (S Country) Maryla		HPLACE (State or Foreign ny) aryland
OR	9a. FACILITY NAME (If not in NORTH ARUN	DEL HO	SPITAL			96. CITY, TOV	BURN		EATH			A. C	CUNTY
5	RESIDENCE OF DECEDENT 10c. CITY, TOWN OR L. 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR L.						CATION						10d. INSIDE CITY
DIRECTOR	Maryland	7 Mille Aldidel							aden	a			1 YES 2 X NO
MA	100. STREET AND NUMBER						101. ZIP COI						WHAT COUNTRY?
ij	7626 Par	adise	Beach Rd	•				211	22		Ur	nite	d States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE			If yes	OECENDENT , specify Cub YES 2X NO	en, Mexica	an, Puerto I	t? (Specify Yer Rican, etc.)	or No—	Blac	E — American Indian, k, White, etc. #y: White
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 6+) #6. Do NOT					work done during	most of work	ding	16b	. KIND OF BU		cory	
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	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE.			Mc	_	Fune	ral	Home o			
CERTIFICATION	23. PART I. Enter the dishock, or himmediate CAUSE (indisease or condition resulting in death) Sequentially list condition if sny, leading to immediate. Enter UNDERLY CAUSE (Disease or injuit that initieted events resulting in death) LAS	tions, diete ling	s. Due To	O (OR AS A CONSE	DUENCE O	Le He				lu	ent	la	Approximate interval Between Onset and Death / Week / Yelan
PHYSICIAN: MEDICAL CE	PART II. Other significa	ent condition	ne contributing to		reeuiting	in the under	lying ceuse	given in	Part i.	24a. WAS AN PERFOI 1 YES	RMED?	241	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
AN	25. WAS CASE REFERRED 1	TO MEDICAL				-	6. PLACE OF	DEATH //	hank only o	nel.			
2	EXAMINER?		HOSPITAL:			OTHER:		/					
ΙΥS	1 VES 2 NO		28a. DATE O	☐ ER/Outpatient 3	28b. TII	4 Nursing	Home 5 1	Residence	1		a utou oo	0.1000	
BY PH		Pending Investigation	(Month,	Day, Year)	IN	JURY M 1	WORK?	□ NO	28G. UE	SCRIBE HOW	INJURY OC	CORED	
0	3 Suicide 6 4 Homicide	Could not be determined	284. PLACE building	OF INJURY — At he i, atc. (Specify)	ome, farm,	street, factory,	offica			CATION (Street or Town, State,		r or Rumi	Acute Number,
COMPLET	anal .		ER: On the best of										a) and manner as stated.
BE	296. SIGNATURE AND TITLE	E DF CERTIFIE	11	i, m	0.		29c. LI	CENSE NU	MBER 679	,	29d, DAT	E SIGNE	(Myristi, Day, Year)
5	30. NAME AND ADDRESS OF	F PERSON W	TM 7700	USE OF DEATH (ITE	M 27) (Typ	e, Print)	CADEN	A 1/1/	ADVIA	ND 211	122		

TELL LIES OF THE PROPERTY.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may inquire and in the non-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page National by descriptions		IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year) FEB 07 1990

32. REGISTRAR'S SIGNATURE

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29h SIGNATURE AND TITLE OF CERTIFIER	One)	CAL FYAMINE	R: On the bools of	antination	and/or investor	lon in	onlaice	faath man-	roof at at-	Sizon state	and alaca	set elem an an	an enteredad an-	d menes	n state a
290. UNI E STUTTED (MOTOR), Day, TOBY)	one) 2 MED			examination	and/or investiga	tion, in my	opinion,				and place, ar				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the Proping or attended	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount of Health and Mental Homere order to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at only

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMENT			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) Adelalde	Leonar	d			2. DATE OF DEATH DAY	990	3. TIME OF DEATH M
088-01-7240B	S. SEX B. AGE (In yrs. In Section 1)	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH JUNE 30	1901 8. BIR Cou	THPLACE (State or Foreign Intrit)
9a. FACILITY NAME (If not institution, give stree	CILITY NAME (If not institution, give street and number) JOSEPHO HOSPITAL TOWN OR LI TO					Sc. COUNTY OF	TO 1
10a. STATE 10b. COUNTY MARYLAND		10c. CITY, TOWN OR LOCATION BALTIMOR					10d. INSIDE CITY LIMITS? YES 2 \(\text{NO} \) NO
3906 FORDS LA., AP	T. 2-A		101.	ZIP CODE	215	10g. CITIZEN OF US.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 THE IF YES, GIVE WAR OR DATES	ARMED 1		olfy Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	Ble	CE — American Indian, ack, Whita, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade co-	moleted)	DECEDENT'S USUAL (Give kind of work do fe. Do NOT use retired	ne during mos d.)	t of working	16b. KIND OF BUSI		
17. FATHER'S NAME (First, Middle, Lest) EMIL GOTTLIEB	4	HOUS	SEWIFE		ME (First, Middle, Maiden S	HOME Surname) NOWN	
19a. INFORMANT'S NAME (Type/Print) MRS. SHIRLEY SLESS				d Number or Rural I	T. C BAL	State, Zip Code)	21209
20s. METHOD OF DISPOSITION 1-8 Burlet 2 Cremeton 3 Removal from State 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or completely, crematory or completely, crematory or completely comp							
· alleroue	Levins	0	6010	Cerotens	town Rd	Balto	md 21215
23. PART i. Enter the diseases, or cor shock, or heart failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ppications that caused the dist only one cause on each life	m. MI	iter the mod	le of dying, suc	h as cerdiac or respir	atory errest,	Approximate interval Between Onset and Death
Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE OF):					
PART II. Other algnificent conditions	centributing to death but no	t resulting in Tha	upderlying	cause given in	Pert I. 24s. WAS AN / PERFOR! 1 YES 2	WED?	46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 PL	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	OSPITAL:	3 DOA		_	8 Other (Specify)		
27. MANNEB OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJU WOF 1 Y	IRY AT RK? ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, street,	factory, offica		28t. LOCATION (Street as City or Town, State)	nd Number or Run	al Route Number,
one)	AN: To the best of my knowledge, On the beals of examination and/o						n(k) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1.10.			29c. LICENSE NUI	26	29d. DATE SIGN	29 90
N/BKah	COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)	3/8	lade t	venue	Balto	MA 2/208
FEB 07 1990	12. REGISTRAR'S SIGNATURE	ndelle					

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within	npletely
TENDING PHYSICIAN: The law requires that the death certificate be executed within a	OR: After this certificate has been signed by the attending physician and completely
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TEN	OR:

OR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT (CERTIFICATE		YGIENE EG. NO.
EDENT'S NAME (First, Middle, Last)	0-1	1 /06/	2. DATE OF I	DEATH DAY

	1 - FOR STATE OF M		/ DEPARTM			ENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Bernha		Leh	ang		2. DATE OF DEATH DATE OF DAT	90	12.50 A m		
	4. SOCIAL SECURITY NUMBER 5. SEX 173-28-9643 以 M 2 口 F	8. AGE (In yrs. I		UNDER YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 12/22/13	8. BIF Cou	THPLACE (State or Foreign intry) PENNSYLVANIA		
O.	9s. FACILITY NAME (If not institution, give street and number) MERIDIAN NURSING HOME			CITY, TOWN O	R LOCATION OF DEA STOWN	тн	9c. COUNTY OF BALT	DEATH IMORE		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE MARYLAND 10b, COUNTY		10c. CITY, TO	OWN OR LOCAT BALTIMO	ion RE			10d. INSIDE CITY LIMITS? LYES 2 NO		
	100. STREET AND NUMBER 2311 KEN OAK RD.			101.	ZIP CODE 2120	19		WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		If yes, spe		C ORIGIN? (Specify Yes	or No- 14, R/	CE — American Indian, ack, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+				st of working	16b. KIND OF BUS				
OMP	12 17. FATHER'S NAME (First, Middle, Last)		PROE	PRIETOR		E (First, Middle, Malden	OOR COV	ERINGS		
BE C	NATHAN LEBLANG				5	SARAH SEL	MAN			
2	19s. INFORMANT'S NAME (Type/Print)					oute Number, City or Town				
	MRS. IRENE RUTH LEBLANG 200. METHOD OF DISPOSITION	20b. PLAC	E OF DISPOSITION	EN OAK	RU - BA	ALTO., MD	21209 CATION — City or			
	1 Guriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)		IG. MERC				TSTOWN,	MD		
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE	lluce	an	SOL		N & BROS,. POWN RD.		MD 21215		
NO	Sequentially list conditions, b.	OCCO (OR AS A CONS	ne.			iovacu		Approximete Interval Between Onset and Death		
CERTIFICATION	oue to (or as a consequence of): (if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST oue to (or as a consequence of): oue to (or as a consequence of): d									
SAL	PART II. Other significant conditions contributing to Perghand Va.	death but no	was	he underlying	ceuse given in F	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2	☐ ER/Outpatient		THER:	ACE OF DEATH (Chec					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Pay, Year)	26b. TIME O	M 1 🗆	PRK?	26d. DESCRIBE HOW I		JURY OCCURED		
유		etc. (Specify)	home, farm, stre	er, ractory, offic		26f. LOCATION (Street City or Town, State)		m moute Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of at MEDICAL EXAMINER: On the basis of at							e(a) and manner as stated.		
TO BE C	2016 SIGNATURE AND TITLE OF CERTIFIER	bz	w		29c. LICENSE NUM D20964	BER		2-90		
	Jerome H. Ginsberg, M. D	863	0 Liber	,	za Mall:	Randallst	own, Md	. 21133		
	31. DATE FILED (MANIN, BON) DON' DON' DECISENTA	AB'S SIGNATURE	indesso							

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at

BY

COMPLETED

BE

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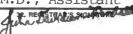
	2-16-90 cm	per ME G-66	oU.								91		UZ!	311
	FOR STATE REGISTRAR	STATE OF MARY					EALTH ANI DEATH	MEN1	TAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)						<u> </u>		ATE OF DEATH			3. TIME	OF DEAT	Ή .
	BRANDIE MA	ARIE	Т	ACY		MONTI 2					90	11	:40	Δ M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lasi		IF UNDER	1 YEAR	IF UNDER 24 HRS	s. 7. DA	TE OF BIRTH	$\overline{}$	S. BIRTI	IPLACE (State or Fo	reign
- 1	219-23-4355	1 □ M 2 😾 F		YRS.	MONTHS 8	3	HOURS MIN		(Month, Day, Year) (Country) 05 30 89 (MARYLAND)					
	9e. FACILITY NAME (If not institution, give st	treet and number)					R LOCATION OF		5 50 (NTY OF C		LEILID	
DIRECTOR	Union Memorial	Hospital				Balt	imore (City						
E C	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. IN	SIDE CITY	
5	MARYLAND BALTIMORE												ES 2	NO
	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITI	ZEN OF	WHAT CO	UNTRY?	
ER.	519 WEST 28th	STREET	21211							US	SA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N			If yes, spe	ENDENT OF HIS ocity Cuben, Mer 2 NO Sp	cicen, Puer	IGIN? (Specify Year rto Rican, etc.)	or No—	Spec		ricen Indi- atc.	en,
	15. DECEDENT'S EDUC		16e, DE	CEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF BUS	SINESS/INC		VIII I	L	
	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4 or 5+)	(Gi	ive kind of Do NOT u	work done se retired.)	during mod	st of working							
P	N/A N/A													
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (Fir	st, Middle, Maiden	Surname)				
BE C	ROBERT LEE LACY,	SR.					KEL	LEY I	LYNN RO	BERTS	ON			
TO B	19e. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRES	\$ (Street a	nd Number or Ru	ral Route N	lumber, City or Tow	n, State, Zip	Code)			
ř	KELLEY ROBERTSON		- 5	519 V	VEST	28th	STREE	Т, В	ALTIMORI	E, MD	. 21	L211		
	20a. METHOO OF OISPOSITION 1& Buriel 2 Cremetion 3 Rem 4 Donalion 5 Other (Specify)	other pla	aca)			metery, crematory	or	ì	cation — LTIMO	•		•		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	Dord	CILIVE	22.	NAME AN	D ADDRESS OF							
	· a. Blon	1 17				3818	ROLAN	D AV	JR. FUI ENUE, BA	ALTIM	ORE,		. 21	211
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										etween			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. OUE TO (OR AS												
ERTIF	that initiated eventa resulting in death) LAST	d	A CONSEC	JUENCE U	r).									
PHYSICIAN: MEDICAL C	PART II. Other significent condition	a contributing to deeth	but not r	resulting	in tha u	nderlying	g causa given	in Part i	24a. WAS AN PERFOR	RMED?	241	COMPLI DF DEA	NUTOPSY F BLE PRIOR ETION OF (ITH? ES 2	TO CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH	(Check onl	ly one)					
SIC	EXAMINER? 1XXYES 2 \(\text{NO} \)	HOSPITAL: 1 ☐ Inpetient 2 X ER/O	utpatient 3	□ DOA	OTHE	R:	e 5 🗆 Residen							
РНУ	27. MANNER OF DEATH	28e. DATE OF INJUR (Month, Day, Year	Y	28b. TIN		28c. INJ		28d.	DESCRIBE HOW I			T BE	TWEE	N

1 X YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 4 - Nursing Ho TXYES 2 - NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED SUBJECT WAS CAUGHT BETWEEN 1 Netural 1 YES 2 NO 2 Accident
3 Suicide Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 5 1 9 W 28 + ST BALTIMORE CITY, MARYLAN 6 Could not be determined 4 Homicide 29e. CERTIFIER 🗜 🐹 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OCME

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

James Kaplan, M.D., Assistant 111 Penn Street, Baltimore, MD 21201



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2-4-90

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r death. P	ie funeral di	examinor
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ate be execu	ysician and prior to bur	r traumatic
eath certifica	attending ph ntal Hvoiene	y, or other
that the d	th and Mer	any injur
aw requires	s been sign	3 shows
IAN: The I	rtificate ha	or Item 2
ING PHYSIC	offer this ce	marked,
DR ATTEND	MRECTOR: A	em 28 ls
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ours after death. Fig. 6 person minned by the hosp	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral discussions of a found be detached by the funeral discussion of the funeral discussions of the found of the funeral funeral discussions of the foundation of the funeral discussions of the	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar may be notified at once.
10	5	IMP

M	(Check only one) AMPDICAL EXAMINER: O							and manner as stated.
COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER 1 CERTIFYING DAYSICIAN	DSPITAL: [Mipetient 2	28b. TIME OF INJURY 1:407 at home, ferm, street,	factory, office	28d. 06 28d. 06 28f. Lo 26f. Lo 26f. L13	es (Specify) SCRIBE HOW INJURY OCC Ject fell f CATION (Street and Number or Town, State) S.EatonSt	rom por Rural Ro	ute Number,
MEDICAL	Fracture of the Acute Alcohol	Temur &		underlying cause giver	n in Part i.	24a. WAS AN AUTOPSY PERFORMED? XXES 2 □ NO		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
CEHILICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Olseese or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM						
	23. PART I, Enter the diseases, or come shock, or heert failure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one ceuse on each I	erotic ca	rdiovascular			ost,	Approximete Interval Between Onset end Death
	1 Burlel 2 Cremation 3 Removal 4 Donstion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	rom State 000	AKLA	22. NAME AND ADDRESS OF 22. NAME AND ADDRESS OF 205 92 17. 263 5	FACILITY ZAN	WIND JE	5+.	4. 21224
IO BE	19a. INFORMANT'S NAME (Typo/Print) -ORALINE 20a. METHOD OF DISPOSITION	C QUAY	\leftarrow	NESS (Street and Number or Ru	1 50	ober City or Town, State, Zip (Code) Z-4- Ity or Town	A State
COMPLETED	Elementary/Secondary (0-12) Co		the DO NOT use retire 5 + CC	worker	NAME (First,	BCH	S+	eer
5	1 Never Harried 2 Married	FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	DECEDENT'S USUA	If yes, specify Cuban, Mei 1 ☐ YES 2 Ø NO Sp L OCCUPATION the during most of working	rican, Puerto ec/ly:		Specify	White, atc.
LONERAL DI	113 S. CAHON S	4.	ARMED	101. ZIP CODE ZIZZ 13. WAS DECENDENT OF HIS	A PANIC ORIGIN		EN OF WH	YES 2 NO AT COUNTRY?
DINECTOR	Francis Scott Key RESIDENCE OF DECEDENT 106. COUNTY			Baltimore OR LOCATION		36 6000		od. INSIDE CITY
	4. SOCIAL SECURITY NUMBER 2/6-/2-0098 1 E 9e. FACILITY NAME (If not institution, give street at	M 2 0 F 68	YRS. MONTI	DER 1 YEAR IF UNDER 24 HRS IS DAYS HOURS MIN	(Mont	OF BIRTH h, Day, Year) -/8-2-2	Country)	ACE (State or Foreign
	1. DECEDENT'S NAME (First, Middle, Linst) Roland	F	McQu	ıay	2. DATE MONT 2-	OF DEATH DAY	YEAR 3	9:37AM m
							- T	

MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201

12. REGISTRAN'S SIGNATING AS A

FEB 07 1990

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 -	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE REG. NO.
1.	DECEDENT'S NAME (First, Middle, Last)	George David Mills Sr. 2.DA	TE OF DEATH

1. SECCIONET NUMBER 1. SEC.	REGISTIAN		OLITITIO	AIL	/ DEAII	<u> </u>	ACG. NO.		
**S. PACKET PARKET (IN ALLE) AND AND AND AND AND AND AND AND AND AND		George Davi	d Mills A	icls	SR.	MC	ONTH DA	2/6/90	
THE FORMER OF DECEMBENT WE STATE TO NOME ALCORDS OF DESTINATION WE STATE TO	20 = -1		Mar.			MINI (M	onth, Day, Year)		
Set To Sech Hospital Inc. The Second Hospital Inc. Second Hospi			9	b. CITY, TOV	WN OR LOCATION		-1-00	9c. COUNTY	OF DEATH
No. DITTLE DISCOUNTS No. STREET AND NUMBER 11. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 12. MAR DECEDENT STATE NU.D. AMERIC 13. MAR DECEDENT STATE NU.D. AMERIC 14. MAR DECEDENT STATE NU.D. AMERIC 15. MAR DECEDENT STATE NU.D. AMERIC 15. MAR DECEDENT STATE NU.D. AMERIC 16. MAR DECEDENT STATE NU.D. AMERIC 17. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR DECEDENT STATE NU.D. AMERIC 18. MAR D	St Tasad	1		ر وش		1			
Md. Baltimore Dundalk 1. Name	RESIDENCE OF DECEDENT	HOSPITAL.	INC 1	1620	YOYKRD	1000	SON MI	I F	Baltimore
STREET AND MARKET 1.18 Bayside Drive 1.18 Bayside Drive 1.18 Bayside Drive 2.12 22 2.18 Martid 2.18 West decident Feels in U.S. AMED 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 May DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDION OF HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY) 1.18 MAY DECIDENT OR HIRMAIC ORIGIN (Seethy New AND CONTITY OR HIRMAIC ORIGIN (Seethy New AND CONTITY OR HIRMAIC ORIGIN (Seethy New AND CONTITY OR HIRMAIC ORIGIN (Seethy New AND CONTITY OR HIRMAIC ORIGIN (Seethy New AND CONTITY OR HIRMAIC ORIGIN (Seethy New AND CONTITY OR HIRMAIC ORIGIN (Seeth			10c. CITY,						10d. INSIDE CITY
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The second processes The second processes	11. MARITAL STATUS							or No — 14	. RACE — American Indian,
Control of Notherland Completed Control of Notherland Control of Notherl	1	IF YES, GIVE WAR OR D					rto Rican, atc.)		Specify:
Beth Steel			16a. DECEDENT'S US	UAL OCCUP	PATION		16b. KIND OF BUS	SINESS/INDUS	TRY
15. MANUER NAME (PVS. MACH. Median Common) FORMATT BIAME (PVS. MACH. Median Common) FORMATT BIAME (PVS. MACH. Median Common) FORMATT BIAME (PVS. MACH. Median Common) FORMATT BIAME (PVS. Mach. Median Common) FORMATT BIAME (PVS. Median Common) FORM	Elementary/Secondary (0-12)		(Give kind of wor life. Do NOT use i	k done dunng retired.)	g most of working		Beth	Steel	
Table Marine Commence of American Route (American Route Marine) Copy or Town, State 20 Code) Table Marine Commence of American Route Marine Copy or Town, State 20 Code) Table Bayes and Murines or Remain Route Marines (Route Route Maryland 21222 20s. METHOD OF DISPOSITION (Name of semiles), commency or and place of Commence of					16. MOTHER	R'S NAME (FII	st. Middle, Maiden	Sumame)	
Sally Mills T18 Bayside Drive Baltimore Maryland 21222 20s_MEMOD OF DEPOSITION (Name of committy, commonly, common	Edgar Brady Mi	lls				Rozell	la Dix	on	
1.0 Burist 2 Chrismation 3.0 Main rows Town State						e Ba.	lumber, City or Town	n, State, Zip Co MAryla	and 21222
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. ANAE AND ADDRESS OF FACILITY COMMELLY Funeral Home of Dundalk 21222 23. PART I. Enter the diseased of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, and concentrations that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset diseasee or condition on cause on each line. IMMEDIATE CAUSE (Final diseasee) or condition on cause on each line. DUE TO (OR AS A CONSCOURCE OF): CAUSE (Disease or injury that initiated events resulting in destr) LAST DUE TO (OR AS A CONSCOURCE OF): C. C. CAUSE (Disease or injury that initiated events resulting in destr) LAST DUE TO (OR AS A CONSCOURCE OF): C. C. CAUSE (Disease or injury that initiated events resulting in destr) LAST DUE TO (OR AS A CONSCOURCE OF): C. C. CAUSE (Disease or injury that initiated events resulting in destr) LAST DUE TO (OR AS A CONSCOURCE OF): C. C. CAUSE (Disease or injury that initiated events resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to destributing to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destribution to destr	1 🗗 Burial 2 🗆 Cremation 3 🗗 Ram	oval from State	other place)						
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Sequentially list conditions or conditions. Sequentially list conditions. Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING. CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS DUE TO (OR AS A CONSEQUENCE OF): LUTS A PLACE OF ORATH (Check only one) LUTS ASPENDMENT TO YES 2 PMO DUE TO (OR AS A CONSEQUENCE OF): LUTS 246. WAS AN AUTOPSY FRIONOS ARALABLE PRIOR TO COMPLETEN OF CAUSE OF DEATH? TO YES 2 PMO DUE TO (OR AS A CONSEQUENCE OF): LUTS 246. WAS AN AUTOPSY FRIONOS OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEATH (Check only one) LUTS AND ALLABLE PRIOR TO COUSE OF DEA		List only one cause on e	ach line.						
Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease of Injury that Initiated events reautiting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 PNO 26. DATE OF INJURY At home, farm, atreet, factory, office 26. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 1 Yes 2 PNO 28a. DATE OF INJURY At home, farm, atreet, factory, office 28b. CERTIFFIER 29c. CERTIFFIER 20c. CERTIFFIER 20c. CERTIFFIER 20c. SIGNATURE AND TITLE OF CERTIFFIER 20c. SIGNATURE AND TITLE OF CERTIFFIER 20c. SIGNATURE AND TITLE OF CERTIFFIER 20c. SIGNATURE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 20c. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)	diseese or condition	MASSI	UP LO	MODE	ticia				27
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29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) Felb 6 1980 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2 Cutalda	28a. PLACE OF INJURY	/ — At home, farm, atn				LOCATION (Street	and Number or	Rural Route Number.
(Check only one) 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at tha time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Fell 6 / 1980 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- Codia not be								
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	41	vers			DIC	871			
31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURES.	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, F	rint)	00	- 1		*	
31. OATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURES.									
I had VI INDU AI	91. OATE FILEO (Month, Day, Year) FEB 07 1990	32. REGISTRAR'S SIGN	THE LABOR						

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FOR STATE REGISTRAR	TE STATE OF MANTEAND / DETAILMENT OF REALTH AND MENTAL HIGHER											
1. DECEDENT'S NAME (First		INS	W	1711	IIIER 2. DATE OF OEATH MONTH DAY						YEAR	3. TIME OF DEATH
JAC	QUE	~ -	///	411	,	,		2		2_	90	8 pm M
4. SOCIAL SECURITY NUMBER 215-84-5934	1	5. SEX 6. AGE	26		ONTHS DA	\rightarrow	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	963	Count	HPLACE (State or Foreign try) Arvland
9a. FACILITY NAME (If not in	stitution, give stre	et and number)		9	b. CITY, TO	WN O	R LOCATION OF DE				JNTY OF E	
Francis So		y Hospital				Ва	altimore				_	
ton. STATE	106. COUNTY			10c. CITY,	TOWN OR L	DCAT	ON					10d. INSIDE CITY LIMITS?
Md.	Ва	altimore		I	4iddle	e I	River					1 YES 2 NO
10e. STREET AND NUMBER							ZIP CODE			10g. CIT	TIZEN OF	WHAT COUNTRY?
9900 Dehav	villand	Way Apt. A					21220				USA	
11. MARITAL STATUS	c	12. WAS DECEDENT EVER FORCES? 1 YES					ENDENT OF HISPAN			or No-		E — American Indian,
1 Never Married 2	•	IF YES, GIVE WAR OR		.0			elfy Cuben, Mexica 2 NO Specify		ican, etc.)		Spec	offy:
			1 10000000									White
	EDENT'S EDUCA y highest grade co		/G	CEDENT'S US tve kind of wor Do NOT use	k done durin	PATIO g mos	N at of working	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-(2)	College (1-4 or 5+)	We.		iard			F	inker	ton	Secu	rity
17. FATHER'S NAME (First, A	liddle, Lest)						16. MOTHER'S NA	ME (First, N	liddle, Maiden	Sumame)		
John J. J	Jones						Jose:	fine		Ca	drac	eo
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (St	reet a	nd Number or Rural i	Route Numb	er, City or Tov			
Albert E.	Miller			8133	Corn	wa]	ll Road	E	altim	ore	MAry	land 21222
20s. METHOD OF DISPOSIT 1 Denstlon 5 Other	on 3 🗆 Remov	rel from State	other pl	ece)			cemetery crematory or			CATION -		own, State
21. SIGNATURE OF FUNERA			Garu	,			D AOORESS OF FA			OSSV	1116	MQ.
+ Com	nelly	Functal	1 11	Day /	C	onr	nelly Fu	neral	. Home	300	Mace	Ave. 21221
23. PART i. Enter the d	isaasea, or co	mplications that cause	d the de	ath. Do no	t enter the	mo	de of dying, auc	ch ea card	iac or reap	iretory a	rreat,	Approximata
ahock, or h		st only one cause on	eech iine).								Onset and Death
disease or condition	—	Cardial	Lun	MANN	σ	he	ext					
resulting in death)	a.	DUE TO (OR AS	A CONSE	DUENCE OF	-	4 1	621			-		
				0	,							
Sequentielly list condit if any, leading to imme		DUE TO (OR AS	A CONSE	DUENCE OF):								
cause. Enter UNDERLY CAUSE (Disease or inje	ING											
that initiated events		DUE TO (OR AS	A CONSE	GUENCE OF):								
reaulting in death) LAS	d.											
PART II. Other significa	ent conditions	contributing to death	but not	eaulting in	the under	dvine	ceuse given in	Part /	24s. WAS AI	AIITTORY	/ 24	6. WERE AUTOPSY FINDINGS
	2	after					/	(PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE
Second	don	urier	Ce	saru	on	٠	ection	_ `	1 YES	2 NO		OF DEATH?
-												1 TES 2 NO
				_								
25. WAS CASE REFERRED 1 EXAMINER?	_	HOSPITAL:			OTHER:	16. PL	ACE OF DEATH (Ch	heck only on	e)			
t YES 2 NO		t Inpatient 2 ☐ ER/Ou					e 5 🗆 Residence			M # 100 / 0	ACUIDED	
	Pending	(Month, Day, Year)		286, TIME INJUI	RY	WO	RK?	28d. DES	CRIBE HOW	INJUHT O	CCURED	
2 Accident	Investigation	28e. PLACE OF INJUR	V — At h	me ferm etc		_		201 1.00	ATION (Stead	and Numb	es os Purel	Route Number,
3 Suicide 6 4 Homicide	Could not be determined	building, stc. (Sp	ecify)	nico, miriti, otr	eet, lactory,	OTHE		City	or Town, State)	or or nurar	riodio Namber,
29a, CERTIFIER						_			_	_	_	
(Check only		AN: To the best of my kno										
2 MEL		On the basis of examinat	on and/or	investigation,	in my opini	on, d	eath occured at the	time, deta	end place, s	nd dua to	the cause	(s) and manner as ataled.
296. SIGNATURE AND TITLE	E OF CERTIFIER	7 11	0				29c. LICENSE NUI			29d. D/	TE SIGNE	D (Month, Day, Year)
Tours	11/	, all	10-2	and the same of th			D3897.	<u>۲</u>			4	2/70
30. NAME AND ADDRESS C	F PERSON WHO	COMPLETED CAUSE OF D	EATH (ITE	M 27) (Type, F	Print)							· ·

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ans after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

shed for use as the burial-transit permit. Pages 1, 2. 3 should

ospital or attending physician. ND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FIFE B" 07 10990

1824 REGISTRAR'S SIGNATURE OF THE

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3146,	
BOX 1	
P. O.	
ORDS,	
L RECORD	
OF VITAL	
THE REAL PROPERTY.	
DIVISION	

		4. SOCIAL SECURIT
should		072-20-0 98. FACILITY NAME
2,3	BE COMPLETED BY FUNERAL DIRECTOR	Doctor's RESIDENCE O
physician. burlaf-transit permit. Pages 1	DIR.	Maryland
nsit pen	ERAI	9106 91s
hysician uriaf-tra	FUN	11. MARITAL STATU:
hospital or attending physician. lached for use as the burial-tran) BY	Wildowed 4
or atte	ETE	(Sp Elementary/Seco
hospita tached 1	MPL	12±
d at o	E CC	Jacob Bo
stollied at	70	19e, INFORMANT'S
of, set be		Rehecca 20a, METHOD OF D 1 Burlel 2 0
Page 6 al direct		4 Donation 8
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at it.		23. PARTY J. Ente
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in 24 h ely filled nation, c		iMMEDIATE CAU disease or cond resulting in deal
complet tal, crer		
be execution and or to bur sumation	TION	Sequentially list if any, leading to
tificate to physic ene price tra	IFICA	cause, Enter UN CAUSE (Disease that initiated eve
attending rtal Hygi	PHYSICIAN: MEDICAL CERTIFICATION	resulting in deal
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uires the signed Health DWS and	MEDI	
law rec las beer Dept. of 23 sh	AN:	25. WAS CASE REFI
AN: The tificate he State C	SICI	EXAMINER?
this cer with th	РНУ	27. MANNER OF DE
NDING R: After or death) By	2 Accident 3 Suicide
HOSPITAL DR ATTENDING PHYS FUNERAL DIRECTOR: After this within 72 hours after death with TANT: If Item 28 Is marked	LETE	4 Homicide
HOSPITAL D FUNERAL D WITHIN 72 TA	OMP	(Check only one) 2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certificate field within 72 hours after death with the StatiMPORTANT: If Item 28 is marked, or IN.	BE COMPLETE	29b. SIGNATURE AI
₽ ₽ 2 X	5	30. NAME AND ADD
		I A ~V .

STATE	0F	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
			CERTIFICATE	OF DEAT	TH		BEG NO

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAI	HYGIE!			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
Joyce	MITCHE	LL			01			90_	8:50P M
4. SOCIAL SECURITY NUMBER		Mr.	FUNDER 1 YEAR	IF UNDER 24 HRS.	(Month	OF BIRTH n, Day, Year)		Count	HPLACE (State or Foreign
072-20-0580	¹□ M 2XX 65	YRS.			Dec	. 14,	1924	Nor	th Carolina
9a. FACILITY NAME (If not institution, give so Doctor's Hospital RESIDENCE OF DECEDENT			Lanham,	OR LOCATION OF DI	EATH		9c. COUNT		George's
10e. STATE 10b. COUNTY	1		OWN OR LOCAT	ION					10d. INSIDE CITY
Maryland Prince	George's	Lanha		ZIP CODE			I son CITIZE		LIMITS? YES 2 NO WHAT COUNTRY?
									tates
9106 91st. Street	12. WAS DECEDENT EVER IN	U.9cA9MED		0706 ENDENT OF HISPAI	NIC ORIGIN	1? (Specify Ye	100000	-	E — American Indian,
1 Never Merried 2 Married	FORCES? 1 YES	24 NO	If yes, sp	ocify Cuben, Mexice	en, Puerto F			Blec	k, White, etc.
Wildowed 4 Divorced			1 120	AA NO GOOD	·y.			apac	Black
15, DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S US			16b.	KIND OF BU	JSINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use n	etired.)						
12th		Domes	stic				rivate		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		Middle, Meide	n Surname)		
Jacob Bowe, Sr.				Edna W	-				
19e. INFORMANT'S NAME (Type/Print)				and Number or Rural				-	2052
Rebecca Mitchell	T			is Rd.#2	20TNe				
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 5 H. Rem	oval from State Ne	PLACE OF DISPOSITI	ove Cen	netery, cremetory or eterv		E1.	izabet	h C	ity
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	- /	17			ACILITY T				neral Home
	11/	(/-							
(simmy)	9/40al	81.		Landover					20785
23. PART . Enter the diseases, or a ahock, or heart failure.	omplications that caused	the desth. Do not ch fine.	enter the mo	de of dying, aud	ch as card	disc Dr res	oiratory arre	nt,	Approximate interval Between
IMMEDIATE CAUSE (Final	7	. a \	111	0	.).	0/7/	1		Onset and Death
disease or condition resulting in death)	W	L Cance	1 mic	, ke we	1 "	wait.	nes		(mo
	DUE TO (OR AS A	CONSEQUENCE OF):							
Sequentisity list conditions,	b	CONSEQUENCE OF):							
if sny, leading to immediate cause. Enter UNDERLYING	BUE TO (OIL AS A	CONSECUENCE OF J.							
CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A	CONSEQUENCE OF):							
resulting in death) LAST									
	0.								
PART ii. Other significant condition	is contributing to death bu	it not resulting in	the underlyin	g cauee given in	Part i.		N AUTOPSY PRMED?	241	MAILABLE PRIOR TO
					—	1 TYES	2 NO		OF DEATH?
			_						1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26, PI	LACE OF DEATH (C/	heck only or	10)			
1 VES 2 NO	1 periont 2 ER/Outpa			ne 5 🗆 Residence	-				
1 Netural 5 Pending	(Month, Day, Year)	28b. TIME (YY WO	URY AT DRK?	28d. DES	SCRIBE HOW	INJURY OCCI	JRED	
2 Accident Investigation	20. DI ACE OF IN HIPV	M ham - 4		YES 2 NO	204 100	ATION (0		- 0 1	Section Management
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	/y)	set, factory, offic	•		or Town, Stat	t and Number o	r Hunii	Houte Number,
29e. CERTIFIER				<u>-</u> .	L				
(Check only	ICIAN: To the best of my knowle								
	R: On the basis of examination	end/or investigation,	in my opinion, o	seath occured at the	e time, date	end place,	end due to the	Cause(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Adams (C			29c. LICENSE NU			29d. DATE	SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	In The land			1174	30			1	31 -70
III JUL NAME AND ADDRESS OF PERSON WE									
Ker-Yinyenus	22 REGISTRAND LIGHT	Woody and		t41 (Clint	on, h	1 207	11	

mit. Pages 1, 2, 3 should

	tarked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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th with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or rem	Ď,
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		IMENT OF H		MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	Lee	Kluss	oh.	TH	2. DATE OF DEATH MONTH DA					
	222 111 2412		yrs. last birthday	IF UNDER! YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Mgnth, Day, Year)	- 90 8. BI	RTNPLACE (State or Foreign			
	9a. FACILITY NAME (If, not institution, give street	and number)	YRS.	Same read	OR LOCATION OF DE	6-16-4	9c, COUNTY O	N.C.			
TOR	Francis Scott	Key		Balt	more		12 m				
DIRECTOR	10a. STATE 10b. COUNTY		10 CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
AL D	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF										
FUNER	814 George	St			21201		4	1.5 A			
BY	11. MARITAL STATUS	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 X NO	If yea, sp		NIC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	В	ACE — American Indian, ilack, White, atc. poolity: Black			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	8a. DECEDENT'S (Give kind of w life. Do NOT use	ork done during mo	ON at of working	16b. KIND OF BUS	INESS/INDUSTR	Y			
MPLE	Elementary/Secondary (0-12) Co	oliege (1-4 or 5+)				Universi	ty of	Md Hospital			
	17. FATNER'S NAME (First, Middle, Last)	Musch	Sm		18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)				
TO BE	19s. INFORMANT'S NAME (Type/Print)	recyary j	19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Town	n, State, Zip Code	, , , ,			
	200, METHOD OF DISPOSITION	20b. F	PLACE OF DISPOS	ITION (Name of ce	t Ohi V	01	CATION - City o	1 Town State			
	1 Buriat 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State	other place) ST	Deligh	+ Cener	tery U	Jalst	on burg N.C.			
	21. SIGNATURE OF FUNERAL SERVICE VICENS	munt 6	en	La Hame Al	ND ADDRESS OF FA	H. West	esh A	be '			
	23. PART i Enter the disease, or comehock, or heert fellure. List	plications that caused to only one cause on esc	the deeth. Do n th line.	ot enter the mo	de of dying, suc	h es cardlec or reepi	retory srrest,	Approximete Interval Between			
	iMMEDIATE TAUSE (Fine) disease or condition resulting in death) s	Respir	atory	Fa	thre			Proces			
7		DUE TO (OR AS A C	CONSEQUENCE OF	er (1	NON-Same	4 (1)		Week			
ATIO	Sequentielly liet conditions, if sny, lesding to immediate ceuse. Enter UNDERLYING	RI	CONSEQUENCE OF	7		-(-0(-)		1.			
CERTIFICATION	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	Emen				ony)			
CERT	resulting in death) LAST										
CAL	PART II. Other significent conditions co	ontributing to death but	not resulting I	n the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDICAL						1 YES 2	□ NO	OF DEATH?			
AN:	25. WAS CASE REFERRED TO MEDICAL				105 05 D5 1711 (O)						
SICI		OSPITAL: Inpetient 2 - ER/Outpet	lant 3 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)					
ву РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY WO	PURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURE	D			
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify	- At home, farm, a	treet, factory, offic	e e	261. LOCATION (Street a City or Town, State)	and Number or Ru	irel Route Number,			
COMPLETED	enel .	To the best of my knowled in the basis of examination a						se(s) and manner as stated.			
BE	390. SIGNATURE AND TYLE OF CERTIFIER	Edi-	my K	Lystela-	29c. LICENSE NUI	MBER P	29d. DATE SIG	NED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEAT	N /ITEM 27) /Time	Drint)							

PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

1990

31. DATE FILED (Month, Day, Year)
FFB 0 7 FEB

and by the hospital or attending physician.

100	700	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral has each within 72 hours after death with the State Dang of Health and Mental Havinene nifer to build cremitation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examina
offer of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal authority of the formal three persons are also desired with the Stree Den'n'd Health and Mental Honline principle build: cremation, or removal	aj e
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) MONIZOLA Ma	ngaM				2. DATE OF DEATH DATE OF THE PARTY OF THE PA	YEAR	3. TIME OF DEATH AM			
	2 13-26-2797	5. STEX 6. AGE (I	yrs. lest birthday) -6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Moyth, Day, 4/27/13	No 1	rth Carolina			
TOR	PRINCES SCOTHLEY RESIDENCE OF DECEDENT	Buen Cent	er	Balt	MAPL CIT	татн Ку	DEATH				
DIRECTOR	Maryland Randallstown		1 11 11 11	y, town or Local lallstov	m.		10d. INSIDE CITY LIMITS? 1 YES 2XXNO				
FUNERAL	105.18 Marriottsvi				21133		U.S.A.	WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, a		NC ORIGIN? (Specify Yea in, Puarto Rican, atc.) y:	Bla	CE — American Indian, lick, White, atc. scily: Black			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		Me. Do NOT us	work done during m se retired.)	sost of working	16b. KIND OF BUS	BINESS/INDUSTRY				
	High School 17. FATHER'S NAME (First, Middle, Lest) Will Stallings		ractory	Worke	_	ME (First, Middle, Malden Wa	Sumame)				
TO BE	19a. INFORMANT'S NAME (Type/Print) William R. Mangum			and the same of th	and Number or Aural tssville	Route Number, City or Tow Road Rand		n, MD 21133			
	20a METHOD OF DISPOSITION 2 Suriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State	other place)	Memori	emetery, cremetory or al Garder	n Bali		Town, State County, MD Homes, Inc.			
	Marlust	E. hut	te-	2501	Gwynns Fa	alls Parkwarvland 21	ay	nomes, inc.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death b	ut not resulting	in the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN		HOSPITAL:	nations 3 D DOA	OTHER:	PLACE OF DEATH (C)	III Co-45 Section Co. 1.1					
ву Рну	27, MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF 28c. II	NJURY AT VORK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCURED				
0	3 Suicide 6 Could not be building, etc. (Specify)										
COMPLETE	(Original oray	CIAN: To the best of my known: On the besis of examination						e(a) and manner as stated.			
TO BE C	0010	14V	ATIL (1771)	0.14	29c, LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)			
_	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	AIH (ITEM 27) (Type	e, Print)							

32. REGISTRAR'S SIGNATURE
Julia Savidson Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								MONTH	OF DEATH	NY	YEAR	3. TIME OF DEATH
	MARY MICHAEL						T		2	5		90	11:45P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.	7. DATE O	Day, Year)		Countr	
	220-44-7568		09	1110.						3/00			yland
-	9e. FACILITY NAME (If not institution, give at						OR LOCATI		EATH		9c. COUN		
6	Summit Nursing	Home			Catonsville						Ba	lti	more
2	10e, STATE 10b, COUNTY	1		10c, CIT	Y. TOWN O	R LOCAT	TION						10d, INSIDE CITY
DIRECTOR	Maryland Ba	ltimore			butus								LIMITS? 1 YES 2XXNO
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	917 Leeds Ave.				21229						Ū	J.S.	Α.
5	11. MARITAL STATUS		IT EVER IN U.S. AR							(Specify Yes	or No-	14. RACE	- American Indien,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced		MAR OR DATES	10		If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 □ YES 2 ▼ NO Specify: White						Mar.	
Q	15. DECEDENT'S EDU				USUAL OC				16b.	KIND OF BUS	SINESS/IND	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	Ma	lve kind of Do NOT u	work done d se retired.)	during mo	at of worki	ng					
PL	Elementary/Secondary (0-12)	College (1-4 or 5		mema	ker								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1				10 MOT	HED'O NA	ME /Einst M	liddle, Malden	Company		
	Otto F. Michae	1					500 740			Mob			
BE	19e. INFORMANT'S NAME (Type/Print)	1.				_							
5	Richard W. Keife	r			N. Ch					er, Otty or Tow Ltimor			21201
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Na	(Name of cemetery, cremetery or 20c. LOCATION — City or Town, State					own, State		
	1 Suriel 2 Cremetion 3 Rem	oval from State	Loud	on P	ark (Ceme	tery			Ва	ltimo	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LA	INSEE			22. NAME AND ADDRESS OF FACILITY								
	Daunto	isher								ome, I Balt		. M.	d. 21229
0						not enter the mode of dying, such as cerdiac or respiratory ar							Approximate
	ehock, or heart failure.	List only one ca	use on each line),									Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Carci	nama af	tho	Panca	POCIA	mit.	h mo	tatat	Ai A			Onest and Douth
	resulting in deeth)		(OR AS A CONSE			LEUVS	wil	C 1100	auaa	303			_
		00210	(on no n conde	author c	. ,.								i
ON	Sequentially list conditions,	b. DUE TO	OR AS A CONSEC	DIENCE C	NE).								
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DOL 10	(ON AS A CONSEC	SOENCE (<i>/-</i> /.								i
2	CAUSE (Disease or Injury	C. DUE TO	OR AS A CONSEC	OHENCE C	NE).							-	<u> </u>
E	that initieted events resulting in death) LAST	DOE IC	(OR AS A CONSE	DUENCE C	<i>r</i> -):								
EH		d											
10	PART II. Other aignificant condition	s contributing to	death but not r	resulting	In the un	derlyin	g ceuse	given in	Part I.	24a. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
	Arterosclerote	ic cardie	vascula	r di	sease					PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
0									-	1 TYES 2	NO		OF DEATH?
ME									l				1 TYES 2 NO
ž													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF	DEATH (Ch	heck only on	e)			
SI	1 TYES 2 NO		☐ ER/Outpetient 3	□ DOA	OTHER 4 Nun	4: sing Hon	ne 5 🗆 R	esidence	6 🗆 Other	(Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	26a. DATE O	FINJURY	26b. TH	ME OF		JURY AT		24d. DES	CRIBE HOW	NJURY OC	CURED	
ВУ Б	Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO												
	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office								281. LOC/	ATION (Street	end Number	or Rurel	Route Number,
COMPLETED	3 Suicide 6 Could not be determined building, etc. (Specify)												
J.E	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(e) and manner se steted.												
MI	anni anni												e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE												
BE	Jan 11 1 3	PA	v-e 1	uJ	-	- Charles	Di	3170)		▶ F	eb.	6, 1990

413 Commonwealth Ave.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Rowe

FEB 07 1990

Catonsville, Md. 21228

DHMH-16 Rev 1/89

Intified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Progression	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
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	1 - STATE REGISTRAR	STATE OF N	(ARYLAND / I		TMENT				IENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O		w	YEAR	3. TIME OF DEATH	
	Christine	Mille							MONTH	C4	AT Andr Age	90	5:20 A	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTH Day, Years	_	8. BIRTI	IPLACE (State or Foreign	n
	216-54-6141	1 🗌 M 2 🗹 F	40	YRS.	MONTHS	DAYS	HOURS	MIN. J	ıI.09	Pov. 194	9	Md.		
	9a. FACILITY NAME (If not institution, give st	treet and number)						ON OF DEA	ATH		9c. COL	JNTY OF C	DEATH	
DIRECTOR	Francis Scott Key				Bali	imo	re							
2	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	1		⊃1Qc¬QLT	IMOL9	R LOCAT	ON						10d. INSIDE CITY	\dashv
5	² C			Dail	THOL	=							LIMITS?	
A P	B303 Marshall Ct. 21224 USACITIZEN OF WHAT										WHAT COUNTRY?			
Į.														
5	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, stc.) 14. RACE — Ama Black, White,										E — Amarican Indian, k, Whita, stc.			
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wildlife										te				
											\dashv			
7	15. DECEDENT S USAL OCCUPATION (Specify only highest grade completed) Li Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +)													
BE COMPLEIED	L2th grade		Secre	etar	У									
5	17. FATHER'S NAME (First, Middle, Last)									ddle, Maiden	Surname)			
SE C	James Naparstek								Putin					
2	19a. INFORMANT'S NAME (Type/Print) Robert R. Miller		4					or Rural Ri altir		r, City or Tow		ip Code)	21224	
	20a. METHOD OF DISPOSITION		20b. PLACE O						IOLG	T 000 10	Md	- City or To		\dashv
	1 Burial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	oval from State	St. S	Eani	slau	s Ce	mete	rv					aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE						SS OF FAC	HLITY				7	\neg
	+ Totlleen)	Wick	els)		Edwa	ard	J. W	eber	F.H.	401	s. c	hest	er St.	
	23. PART i. Enter the diaeaaea, or e	complicationa tha	t caused tha dea	th. Do i	not enter	the mo	de of dy	ing, such	as cardi	ac or reap	ratory a	rreat,	Approximate	
	ahock, or heert failure. IMMEDIATE CAUSE (Finel	Liet only one ceu	iae on each line.										Intarval Batw Onset and D	
	disease or condition resulting in deeth)	. Inferi	oR Wo	11	MY	o Ca	rdia	1) :	In.	farc	HON	J	ļ	
		DUE TO	(OR AS A CONSEQ	UENCE O	F):						-			
S	Sequentially list conditions,	b	(OR AS A CONSEQ	UENCE O	5 .				-					
CERTIFICATION	if any, leading to immediate causa. Entar UNDERLYING	DOL 10	(On AS A CONSEG	OENCE O	· .								j	
1	CAUSE (Disease or injury thet initieted events	c. OUE TO	(OR AS A CONSEQ	UENCE O	F):									
H	resulting in death) LAST	d												
	PART II. Other significant condition	e contributing to	death but not a	eulting	In the ur	derivin	COLLOG	niven in i	Dart I	24a. WAS AN	AHTODEV	/ 24	b. WERE AUTOPSY FINDI	NGS
CAL	TAIT II. Other argument condition	- contributing to	death but not re	auting	in the th	ide i yiii	Cauco	given in i	100	PERFOR	RMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUS	
ב ב									_	YES 2	. [] NO		OF DEATH?	
Σ.									-				1 YES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL					28. PI	ACE OF O	EATH (Che	ck only one)				
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE!		• 5 □ Re	esidence	8 🗆 Other	(Specify)				
H	27. MANNER OF OEATH	28s. DATE OF (Month, L	INJURY Day, Year)	28b. TIN	ME OF JURY	28c. IN.	URY AT RK?		28d. OESC	RIBE HOW	NJURY O	CCUREO		
В	1 Netural 5 Pending 2 Accident Investigation				М	1 🗌		NO						
	3 Suicide 8 Could not be 4 Homicida datarmined	28e. PLACE (building.	OF INJURY — At hor etc. (Specify)	ne, farm,	street, fac	tory, offic			28f, LOCA City o	TION (Street Town, State)	and Numb	er or Rural	Route Number,	
On CESTIFIE											-			
4	The control of the course of t										.			
2	29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Dev. Year)													
N T	296. SHOWATURE AND TITLE OF CONTIFIE	1	Buch	1	e .d.		29c. LIC	RNSE NUM	JO S	7	29d. DA	TE SIGNE	0 (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON AN	TO COMPLETED CAU	SE OF DEATH (ITFM	09/	a, Print)		1	157	40			01	2 10	-
	V	A STATE OF THE PARTY OF THE PAR		, (,,,,,,										
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE											\dashv
	FEB 07 1990 Gelle Sendon Bandose													

ITEMS:23 thru 28f per ME G-660 2-23-90 cm

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	0	CERT	IFICAT	E OF	DEATH		REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)		10				2. DATE C		AY	YEAR	3. TIME OF DEATH		
KURT	T.		MEY.	ER		2	4		90	6:10 A		
4. SOCIAL SECURITY NUMBER 217-80-5692	5. SEX 8	AGE (In yrs. lest birthd	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, Apri	Day, Year)	1962	8. BIRTH Counts Md.	.,		
99. FACILITY NAME (If not institution, give a 4306 Southfiel RESIDENCE OF DECEDENT			9b. CIT	r, TOWN	DR LOCATION OF DI		. , , ,	9c. COU	alti	DEATN		
10a. STATE 10b. COUNT		10c.	CITY, TOWN	OR LOCA						10d. INSIDE CITY LIMITS?		
Md.	Harford				Stre	et				1 🗌 YES 2 📈 NO		
100. STREET AND NUMBER 1424 Whiteford	Rd.				21154			1	J.S.E	WHAT COUNTRY?		
11, MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES 4 VEC 2 VINO Management Streets Black Black								E — American Indien, k, White, etc.			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)		d of work done OT use retired.)	during me	ON ost of working	16b.	KIND OF BU	SINESS/IN	DUSTRY			
12	2	Car			rry's		ota					
17. FATHER'S NAME (First, Middle, Last)	William C	18. MOTHER'S NAME (Flist, Middle, Meiden Surneme) N. Carolyn Brooks										
19e. INFORMANT'S NAME (Type/Print)		19b. MAII	LING ADDRES	S (Street	and Number or Rural							
N. Carolyn Me	eyer	1424 Whiteford Ro						, Md.	. 21	154		
20s. METHOD OF DISPOSITION 1V Suriel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE OF DIS other place)	Belaiı	: Mer	metery, cremetory or norial Ga		s Be		, Mo	1.		
21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FACILITY E 11750 Belair Rd.K.						.F.Lassahn Fune Kingsille,Md. 21			
disease or condition resulting in daeth) a. MULTIPE INJURIES DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
resulting in death) LAST d. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? PERFORMED?									b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS			
							1X) YES	2 NO		DF DEATH? 1 N YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only one	o)					
EXAMINER? 1 🎇 YES 2 □ NO	HOSPITAL:	ER/Outpatient 3 🗆 DC	OA 4 N		me 5 - Residence	a M Other	(Specify)	Sce	ene			
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I	(, Year)	TIME OF INJURY	1 🗆	JURY AT ORK? YES 2 NO	WHEN	DECE DECE	DENT	WAS	UURIES SUSI DRAGGED A HCLE		
3 Suicide a Could not be 4 Homicide determined	25e. PLACE OF building, e	INJURY — At home, fa	erm, street, fa	ctory, offi	CO	City o	ORF.	4306	001777	Route Number, HFTELD ROAD AND		
CONTRACT THEY	SICIAN: To the best of r									(e) end menner ee state		
29c. LICENSE NUMBER CME 29d. DATE SIGNED (Month, Day, Vear) 29d. DATE SIGNED (Month, Day, Vear) 2-4-90												
James Kaplan	, M.D., As	sistant		Pen	n Street	, Bal	timor	e, M	D 21	201 vl		
FEB 07 190	32. REGISTRAF		182									

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner milet be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 miles after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

iched for use as the burial-transit permit. Pages 1, 2, 3 should

hospital or attending physician. AND 21203-3146

BALTIMORE,

. Verl

oe 6 may be retained by the houpital or attending phy	direct, then is strond to detected for use as the bu	to court be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIANY: The law requires that the death certificate be emotived within 25 mount after duality. On ATTENDING PHYSICIANY: The law requires that the death certificate be emotived within 25 mount after duality. On a strength of attending physician and a strength of a	TO THE PANERAL DIRECTOR: After this certificate has been signed by the attending physician and committee has been and secure to the second to	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinal qual be notified at once.

. DECEDENT'S NAME (First, Middle,	Lest)				2. DATE OF DE			TIME OF DEATH	-	
ABEL		MULLINS			MONTH 1	31 BAY 90	YEAR 545	5 PM	М	
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. leat birtho	MONTHS DAYS		7. DATE OF BIF (Month, Day,	Year)	9. BIRTHPLACE (St. Country)			
2 2 5 - 36 - 3073 In. FACILITY NAME (If not Institution,	1 M 2 XF	59 YR		OR LOCATION OF D	12-06		O KENTUCKY Sc. COUNTY OF DEATH			
ORTH ARUNDEL HO	OSPITAL		GLEN BU			A.A.	0.0111.10			
Oa. STATE 10b. CC			PASA				10d. INSIDE CITY LIMITS? 1 YES 2 XO			
00. STREET AND NUMBER 177 SOUTE	HWOOD ROAI)		101. ZIP CODE 2 1 1. 2 2	2	10g. CITIZ	EN OF WHAT	S.A.		
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	COROCCO 4	T EVER IN U.S. ARMED YES 2 HO WAR OR DATES	If yes,	ECENDENT OF HISPA epecify Cuben, Mexic ES 文質 NO Specif	en, Puerto Ricen,	etc.)	Slack, W	RACE — American Indian, Slack, White, etc. Specify: WHITE		
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	Grade completed) College (1-4 or 5	(Give kind life. Do No	NT'S USUAL OCCUPA' of work done during a OT use retired.)	most of working		OF BUSINESS/INDI				
8th grade		SALE	S REPRE	SENTATIV			OSMET	rics		
GAITHER	GRIF	FITH			AME (First, Middle, DLA	DAVIS				
Sa. INFORMANT'S NAME (Type/Print)		19b. MAR	LINO ADDRESS (Stree	t and Number or Flural	Route Number, City	y or Town, State, Zip	Code)			
IR. TROY L.	MULLINS		SAME A							
0a. METHOD OF DISPOSITION Separation S	Removel from State	other place)	BPOSITION (Name of a		PRIAL PARK, GLEN BURNIE, MA					
1 Donation 8 Uniter (Specify)		_ GLEN		MEMURIAL AND ADDRESS OF F					_	
· Skan	u Sal	lase		4 MOUNTA	M C	CULLY F				
23. PART i. Enter the disesses	as complianting the							1, 1102.	i. I.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	liure. List pniy one cet	UMMM6	_					Approximate interval Bety Onset and D	reen	
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Due to Due to Due to Due to Due to Due to Due to Due to Due to a.	UMBUNG (OR AS A CONSEQUENCE (O	Ston C		ch as cardiac o			Approximate Interval Bety	/een	
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to b. Due to d.	UMBUNE (OR AS A CONSCOUENCE (O	CE OF:	ands of dying, such	ch as cardiac o			Approximate Interval Bety	/een	
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to b. Due to d.	UMMAND (OR AS A CONSEQUENCE (O	DE OF): DE OF): DE OF): The of the underly	ands of dying, such	oh as cardiac o		24b. WE AM AM OF	Approximate Interval Bety	ween the second	
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO d. DUE TO A DUE TO B DUE TO	UMMAND (OR AS A CONSEQUENCE (O	DE OF): THE OF): THE OF): THE UNDERLY THE UNDERLY	node of dying, such	n Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WE AM AM OF	Approximate interval Betwood Onset and D	The co	
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	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	FOR 1 - STATE REGISTRAR	STATE OF MAR		DEPART					MENTAL	HYGIEN REG. NO.			02	
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			TIME OF DEATI	1
	HARRY	DALE]	MITCH	HELL				Feb.	3,	" 1990"	AR		PM
- 1	4, SOCIAL SECURITY NUMBER	5. SEX 8. A	AGE (In yrs. lest		IF UNDER		IF UNDER		7. DATE C		8.	BIRTHPL/	ACE (State or For	eign
	214 28 3762	1XXM 2 □ F	87	YRS.	MONTHS	DAYS	HOURS		Marc	n 15,	1902 N			
œ								ON OF DE	AIH				н	
5	107 N. 1st Street				Uce	an C	ıty			Worcester				
2	10a. STATE 10b. COUNTY	,		10c. CITY, TOWN OR LOCATION							10	d. INSIDE CITY		
5	Maryland Worce	ster		0cea	an C	ity						12	YES 2	NO
A	10e. STREET AND NUMBER					101	ZIP CODE	E			OF WHA	T COUNTRY?		
EB	107 N. 1st Street						2184	2			U.S.	Α.		
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	Married FORCES? 1 XYES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black									RACE — Block, W Specify: Vhite	American India	n,	
	15. DECEDENT'S EDUC		16a. DEC	EDENT'S L	JSUAL O	CCUPATIO	ON		16b.	KIND OF BU	SINESS/INDUS	TRY		
	(Specify only highest grade Elementary/Secondary (0-12)	(GM	e kind of w Do NOT use	ork done i	during mo	at of working	ng .	Ar	med Fo	rces/I	Build	ling		
17	10 Yrs.	College (1-4 or 5+)	Coas	t Gua	ard/Carpenter									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAI	ME (First, N	liddie, Maiden	Surname)			
BE C	Joseph		chell				Mar			E11e			nown)	
TO B	19a. INFORMANT'S NAME (Type/Print) OC	ean City P	olides	MAILING.	ADDRESS	S (Street a	nd Number	or Rural R	Route Numb	er, City or Tow	n, State, Zip Co	de)		2.01
F		Dept.	1	07 D	orch	este	r St	. 0	cean	City	, MD	2184	42	
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rame	oval from State	20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION —								CATION — City			
	4 Donation 5 Dother (Specify)		metery Berlin, M							21811				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee			1	NAME AI	d addre Villi	ams	St.	RBAGE Berl:	FUNERA	AL HO	OME 1811	
	23. PART I. Entar the diseases, or o				ot anter	the mo	de of dy	ing, suci	h ss card	lac or resp	iratory arres	1	Approxima	
	shock, or hasrt failure. IMMEDIATE CAUSE (Final	List only one cause	on aach line.										Onset and	
	disease or condition resulting in death)	anto	rusel.	tree	6	010	Lun	nocu	Las	1)0	ease			
	resorting in death)	DUE TO (OR	AS A CONSEQ	UENCE OF):									
Z	Sequentially list conditions	b												
5	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR	AS A CONSEO	UENCE OF):									
2	Cause. Enter UNDERLYING CAUSE (Disease or Injury	C	AS A CONSEO	4151105 05									-	
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEU	UENCE OF):								į –	
CERTIFICATION		d											1	
4	PART II. Other significant condition	s contributing to date	ath but not re	euiting l	n the ur	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFO	RMED?	Ale	ERE AUTOPSY FI MILABLE PRIOR OMPLETION OF (то
MEDIC									-	1 TYES	2 NO	OI	F DEATH?	
	· · · · · · · · · · · · · · · · · · ·						-		— ['	YES 2 1	10
PHYSICIAN:	25. WAS CASE MEFERRED TO MEDICAL					26 P	ACE OF C	EATH-Ch	eck only on	el				_
[[EXAMINER? 1 (2 YES 2 \sum NO	HOSPITAL:	Mutastiant 2	DO4	OTHE	R:			6 🗆 Othe					
H	27. MANNED OF DEATH	28a, DATE OF INJ	URY	28b, TIMI	OF	28c. IN.	URY AT	20001102			INJURY OCCU	RED		
	1 Natural 6 Pending	(Month, Day,)	(bar)	INJ	URY M	1 🗌	YES 2 [□ NO						
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At hor	ne, farm, s	treet, fac	tory, offic	:0				and Number or	Rurel Rou	te Number,	
H	4 Homicide detarmined	bullang, etc.	(эреспу)						City	or Town, State	,			
Ä	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my	knowledge, des	ith occurre	d at the	time, dete	and place	e, and due	to the cau	se(a) and ma	nner as stated			
Sulfides 4 Homicide 4 Homicides 4 Homicide													nd menner as s	tated.
											fonth, Day, Year)			
BE	() 5E	. Abal.		1	V	ME	1	111	350	19	D 2	1.5	-90	
2	30. HAVE AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	F DEATH (ITEN	27) (Type,	Print)	· · · ·	-		7					
	Dr. John T. Bulke	lev. M.D.	S. S	alis	bury	B13	zd. 8	Pin	ie R1	uff R	d. Sal	ishu	rv. MD	
	31. DATE FILED (Month, Day, Year)	12 REGISTRARY	HIGH TIME		y			- 4 44	11		Dar	_554	2180)1
	1 FEB 07 1991) 4u	his wandson-	helina											-

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

M.D

IF UNDER 1 YEAR

IF UNDER 24 HRS.

MARKI

6. AGE (In yrs. last birthday)

6. SEX

1 M 2

2. DATE OF DEATN

7. DATE OF BIRTH

6

the hospital or attending physician.

AND 21203-3146

executed within BOX 13146, P.O. DIVISION OF VITAL RECORDS,

9b. CITY, TOWN OR LOCATION OF DEATH TIMORE DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND 1 - YES 2 100 BALTIMORE FUNERAL 10e. STREET AND NUMBER 100 CITIZEN OF WHAT COUNTRY 10f. ZIP CODE 21208 USA 8313 STEVENSON RD. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: white BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE AT HOME at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY KAHN **JEAN** LIPMAN BE be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 5526 HILLFALL CT. COLUMBIA, MD 21045 PHILIP MARKIN 20s. METHOD OF DISPOSITION
1 X Burial 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 26b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must 1 BALTIMORE, MD RNAT TSRAET examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHTY & BROS, INC. Muan 21215 6010 REISTERSTOWN RD. BALTO., MD medicai 23 PART I. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Retween **Onset and Dasth** IMMEDIATE CAUSE (Final injury, or other traumatic event, the disease or condition_ KESPIRATORY ARREST resulting in death) HEED RACHEA BRONCHI CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician fled within 72 hours after death with the State Dept. of Health and Mental Houiene prior is LIVER FA FAILURE CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **AVAILABLE PRIOR TO** item 23 shows any COMPLETION OF CAUSE 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: EXAMINER? OTHER: inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 Residence 6 Other (Specify) 4 - Nursi 6 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, Natural 5 Pending Investigation 1 YES 2 NO BY Accident FUNERAL DIRECTOR: After within 72 hours after death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 6 Could not be item 28 4 Homicide determined COMPLET CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the ceuse(s) and manner as stated. IMPORTANT: If MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and n SIGNATURE AL THILE OF 29c. LICENSE NUMBER BE 4. 23 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) SINAI HOSPITAL 31. DATE FILED (Month 32. REGISTRAND SIGNATURE Randess 1990

by the hospital or attending physician, be detached for use as the bunial-transit permit. Pages 1, 2, 3 should MAYLAND 21203-3146 ars after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the sidner o TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARY	LAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI REG.			
	1. DECEDENT'S HAME (First, Middle, Last) Eugene	NE	:VY			2. DATE OF DEATH February		90 ^{AR} 3	10:44 p
	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Yea		Country)	ACE (State or Foreign
	220-46-1946 9a. FACILITY HAME (If not institution, give si	Δ.	82 YRS.	9b. CITY, TOWN O	R LOCATION OF DE	Aug. 17,		NTY OF DEA	PA TH
S	Franklin Square				ssville			timor	
2	10a. STATE 10b. COUHT		10c. CIT	Y, TOWN OR LOCAT				10	Dd. INSIDE CITY
5		Baltimore		В.	altimore				LIMITS? ☐ YES 2 ☐ NO
FUNERAL DIRECTOR	100. STREET AND HUMBER	- w-L		101	ZIP CODE	1236	10g. CITI		AT COUNTRY?
5	6 F Cameron Col	12. WAS DECEDENT EVER	IH U.S. ARMED		EHDENT OF HISPAN	VIC ORIGIN? (Specify		USA 14. RACE -	- American Indian, White, atc.
1 1	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	DATES		2 NO Specifi	in, Puarto Rican, etc. y:		Specify:	hite
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	CEDEHT'S USUAL OCCUPATION Ve kind of work done during most of working			BUSIHESS/IHC		MII CC
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us	e retired.)	a working				
S	17. FATHER'S HAME (First, Middle, Last)	5+	I Phy	zician	16. MOTHER'S HA	ME (First, Middle, Max	den Surname)		
BE C	David R. Nev	/Y				Mary	===		ocasi
2	19a. INFORMANT'S HAME (Type/Print) Charlotte Nevy				on Court	Route Humber, City or Bal	Town, State, Zip		21236
	20a, METHOD OF DISPOSITION 1	ovel from State	b. PLACE OF DISPOS other place)	SITION (Hame of cer	netery, crematory or	200	LOCATION -	City or Town	, State
	4 Donation 5 Other (Specify)	- W 12-10-22	, , , ,	n Cemet	DY D ADDRESS OF FA	OII ITY	Balti	more	Md.
	1. Signature of Forenat Service Lit.	E	1 Va			neral Hon	ne of I	Dunđal	k 21222
	23. PART I. Enter the disesses, of ahock, or heart fallus. IMMEDIATE CAUSE (Final	complications that cause List only one cause on	ed the deeth. Do reach line.				eapiratory an	rest,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	e. DUE TO (OR AS	A CONSEQUENCE OF		Af				
ALION ON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR AS	A CONSEQUENCE OF	F):					
HILICALION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):			_		
3	PART II. Other algnificent condition	e contributing to death	but not resulting	In the underlyin	ceuse given in	Part I 24e Will	AN AUTOPSY	24b W	/ERE AUTOPSY FINDINGS
MEDICAL						PEF	FORMED?	a c	MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH? YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL			26 Di	ACE OF DEATH (CA	pack only one)			
2	EXAMINER?	HOSPITAL:	tpetlent 3 🗆 DOA	OTHER:		8 Other (Specify)			
BY PHYSICIAN:	27. MANHER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF IHJURY (Month, Day, Year)	26b. TIM	E OF 28c, IN.	RK?	28d. DESCRIBE HO	OW INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Sp.		street, factory, offic	•	281. LOCATION (St. City or Town, S	reet and Numbe itate)	r or Rural Roo	ite Number,
COMPLETED	CONTROL OTHY	ICIAH: To the best of my kno							and menner as stated.
IO BE	296. SIGNATURE AND TITLE OF CENTURE	- Morno	m	m	29c LICENSE NU.	MBER	29d. DAT	E SIGHED (A	North, Day, Year)
	30. NAME AND ADDRESS OF PERSON WE Clayton Mora	/ec, M.D.		, Print)	9000	Franklin	Square	Dr.	21237
	FEB 07 1990	4 he Davidson	Andell						

BALTIMORE, MARYCAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	t, Modle, Last)			CERTIF	.0/11		JEA	- 3 8	2. DATE	REG. NO.	AY	YEAR	3. TIME OF DEATN
CHARLE	S NICH	OLSON SF	١.						0:	2 04		790	9:20 A
. SOCIAL SECURITY NUM		5. SEX		s. lest birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.		OF BIRTN		8. BIRTH Count	HPLACE (State or Foreign
216-42-1771		1 M 2 F	45	YRS.	MONTAG	DATE	HOUNS	mire.		20/45			ĽTO. MD
. FACILITY NAME (If not is								ION OF DE	ATH		9c. COU	NTY OF D	EATH
UNION ME		HOSPITA	ы		BF	\LTI\	IORE						
RESIDENCE OF DE	10b. COUNTY	Y		10c, CI7	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
MD				B	ALTI	MORE							LIMITS?
0e. STREET AND NUMBER					71212		. ZIP COD	30			10g. CITI	ZEN OF V	WHAT COUNTRY?
636 COKESE	BURY AL	/FNUF					2	1218			1	JSA	
1. MARITAL STATUS	301(1 711	12. WAS DECEDEN	IT EVER IN U.S	S. ARMED	13.	. WAS DEC			VIC ORIGI	N? (Specify Yes		14. RACI	E — American Indien,
Never Married 2		FORCES? 1						en, Mexica Specifi		Ricen, etc.)		Spec	k, White, etc.
Widowed 4 Div	orced						74				-		BLACK
	CEDENT'S EDU		16	e. DECEDENT'S	work done	during mo	ON est of work	ing	161	b. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	rse retired.))							
12th			LS	HIPPIN	G &	RECE						<u> FOBA</u>	CCO CO.
7. FATHER'S NAME (First, A		TCHOL CON								Middle, Maiden		1	
CASTLELE		ICHOLSON						HARL			SMITH		
90. INFORMANT'S NAME				The produce						nber, City or Tow			
	EELER			1634				_	IMUK	-	2123		
toe. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	ott	ACE OF DISPO							CATION —		
Donation 5 Other		DEALORE	- W	ESTERN				RY ESS OF FA	A-1 1001	<u> LCA</u>	TONS	/ILL	E, MD
II. SIGNAL OF TANADA	AL SERVICE LIC	CENSEE			22	. NAME A	ND ADDRE	ESS OF PA	GILHT				
Ulne	SMI	YIM											
	-	VVV -			W	M: C	. MA	RCH	F/H	1101 E	. NOF	RTH A	AVENUE
ahock, or h	naart feilure.	complications the							· ·				Approximeta Interval Between
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ahock, or h IMMEDIATE CAUSE (Fi disease or condition_	naart feilure.	Liet only one car	uea on eech	line.	not enta	r the mo	da of dy	ying, suc	h as car	diac or respi	ratory an	rest,	Approximeta interval Between
ahock, or h IMMEDIATE CAUSE (Fi disease or condition_	naart feilure.		uea on eech	line.	not enta	r the mo	da of dy	ying, suc	h as car	diac or respi	ratory an	rest,	Approximeta interval Between
ahock, or in the state of the s	neart feilure. neil	a. Intro	Up AS A CO	line.	not enta	r the mo	da of dy	ying, suc	h as car	diac or respi	ratory an	rest,	Approximeta
ahock, or it immediate CAUSE (Fidisease or condition resulting in death) Sequentially list condition and the cause. Enter UNDERLY	neart feilure.	a. Intro	Up AS A CO	Tcular	not enta	r the mo	da of dy	ying, suc	h as car	diac or respi	ratory an	rest,	Approximeta interval Between
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ahock, or in the state of the s	neart feilure.	a. Intro OUE TO DUE TO DUE TO d.	OR AS A CO	NSEQUENCE CONSEQUENCE CONSEQUENCE CO	not enta	er the mo	ode of dy	ying, suc	has car	racel	ratory arrange	rest,	Approximeta Interval Between Onset and Deal
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ahock, or in the state of the s	neart feilure.	a. Intro OUE TO DUE TO DUE TO d.	OR AS A CO	NSEQUENCE CONSEQUENCE CONSEQUENCE CO	not enta	er the mo	ode of dy	ying, suc	has car	TO respi	AUTOPSY MED?	rest,	Approximeta Interval Between Onset and Deat
ahock, or in the state of the s	neart feilure.	a. Intro OUE TO DUE TO DUE TO d.	OR AS A CO	NSEQUENCE CONSEQUENCE CONSEQUENCE CO	not enta	er the mo	ode of dy	ying, suc	has car	CONTRACTOR OF THE PROPERTY OF	AUTOPSY MED?	rest,	Approximeta Interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onse
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ahock, or in the control of the cont	neart feilure. nal tions, sodiata ring ury ST TO MEDICAL Pending Investigation	a. Juliano oue room o	O (OR AS A CO O	INSEQUENCE CONSEQUENCE): OF): OF): OTHE 4 Numeror	er the mo	g cause	given in	Part I.	24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24t	Approximeta Interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset Ons	
ahock, or it immediate CAUSE (FI disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death to immediate the cause. Enter UNDERLY CAUSE (Disease or injection of the cause of th	illons, bediata illons, bediata illons, bediata illong ury illons	a. Juliano oue room o	O (OR AS A CO O	Ine. INSEQUENCE CONSEQUENCE C	OF): OF): In the u OTHE 4 Nu ME OF MURY M. etreet, fee	28. Pi	g cause	given in	Part I.	24e. WAS AN PERFOR 1 YES 2 CATION (Street or Fown, State)	AUTOPSY MMED?	24b	Approximeta Interval Between Onset and Deal Onset a
ahock, or in the above, and a second the above and a second to a s	neart feilure. neil illons, bdiata ling ury ST ant condition TO MEDICAL Pending Investigation Could not be determined	a. Juliano oue round oue r	O (OR AS A CO O	Ine. INSEQUENCE CONSEQUENCE C	OF): OF): OTHE 4 Nu ME OF JURY M. etreet, fee	28. Pi	g cause	given in OEATH (Charlesidence	Part I.	24e. WAS AN PERFORM 1 UPS 2	AUTOPSY IMED? AUTOPSY IMED? AND INJURY OCCUPANT OF SERVICE STATE OF SERV	24b	Approximeta Interval Between Onset and Deal Onset a
ahock, or in the above, and a second the above and a second to a s	ant condition TO MEDICAL Pending Investigation Could not be determined ITIFYING PHYSICICAL EXAMINE	b. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO O	Ine. INSEQUENCE CONSEQUENCE C	OF): OF): OTHE 4 Nu ME OF JURY M. etreet, fee	28. Pi	g cause LACE OF G TURY AT OPEN 2 OPEN DESCRIPTION OF THE SERVICE OF THE SERVI	given in OEATH (Charlesidence	Part I. Cock only a Chylindric and a control of the call of the	24e. WAS AN PERFORM 1 UPS 2	AUTOPSY INCOME IN AUTOPSY IN AUTO	24t CURED r or Flural ted.	Approximeta interval Between Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl Onset and Deatl
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BALTIMORE,

TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	iNG	The	leat	E
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	呈	Ή	9	OR
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE 0	F MARYLAND	/ DEPARTMENT	OF H	EALTH AND	MENTAL	HYGIENE
		ERTIFICATE	OF	DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Parell		2. DATE OF DEATH MONTH	- Gear 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220 - 48 - 53.54	5. SEX 8. AGE (In yrs. last birthday) 1 M 2 F YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give str	eet and number)	96. CITY, TOWN OR LOCATION OF O		COUNTY OF DEATH
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	10c. City	TOWN OR LOCATION	20010	10d. INSIDE CITY
10e. STREET AND NUMBER	0 01	101. ZIP CODE	Aryora 10	1 🛱 YES 2 🗌 NO
11, MARITAL STATUS	12. WAS DEGEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuber, Mexic		to- 14. RACE American Indian, Black, White, etc.
1 Never Merried 2 Married 3 Vidowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Speci	íy:	specity: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		ISUAL OCCUPATION of done during most of working indicat.) Mey Rea	16b. KIND OF BUSINE	SMINDUSTRY
17. FATHER'S NAME (Firsty Middle, Lest)	P. Schmit	16. MOTHER'S N	AME (First, Middle, Melden Suga	HARVER
HALLOW D	Power 62	ADDRESS (Street and Number & Plural	Poute Number, City or Town, St. DV 57. Z	ere, zio code), BAHO MAZIZZY
1 Buriel 2 Cremetion 3 Remo	well from State 20b. PLACE OF DISPOSI	TION (Name, of cometery, commetory or	FCen 20c. LOCATI	ON City or Town, Blate OR HINORE PL
21. SECHATURE OF FUNERAL SERVICE LICE	2 Launer (22. NAME AND ADDRESS OF F	N. ZAA	St. 21224
23. PART I. Enter the diseases, or g shock, or heart fature. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Deval faulu	/>	ch as cardiec or respirate	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF	2loma		
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		
PART II. Other significant conditions	s contributing to death but not resulting le	n the underlying ceuse given in	Part I. 24a. WAS AN AUT PERFORMEI 1 YES 2 (1)	O? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
				1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 140	HOSPITAL: 1 Dispetient 2 ER/Outpetient 3 DOA	26. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence		
27. MANNER OF DEATH	28e. DATE OF INJURY 28b. TIME (Month, Day, Year) INJURY	OF 28c, INJURY AT	28d. DESCRIBE HOW INJU	RY OCCURED
1 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, farm, s building, etc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
4 Homicide detarmined 29a. CERTIFIER (Check only)	CIAN: To the best of my knowledge, death occurre	d at the lime, date and place, end du		as stated.
one) 2 MEDICAL EXAMINE	R: On the basis of examination end/or investigation	n, in my opinion, death occured at th	e time, date end place, end de	ue to the cause(e) and manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Retchu, MI	20c. LICENSE N	JMBER 25	DATE SIGNEO (Month, Day, Year)
Edean	COMPLETEO CAUSE OF OEATH (ITEM 27) (TIPM	Print)		
FEB 07 1990	32. REGISTRAR'S SIGNATURE			

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S	3	EM.	**
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74	E E	ion,	
ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
ecuted	nd con	burial,	**
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFICA			ENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last)				Y	2. DATE OF DEATH		3. TIME OF DEATH	
	LEONARD		PARNE	IL		2 2	90	9:09 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (in yrs. lest birthday) IF I	ANDER 1 YEAR	IF UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)	
	248-50-2451		5 YRS.			(Month, Day, Year) 1/5/35		SC S.C.	
œ	9a. FACILITY NAME (If not institution, give s		9b.		R LOCATION OF DEAT		9c. COUNTY	OF DEATH	
5	University Ho	spitai		Ватт	imore Cit	<u> </u>			
DIRECTOR	10e. STATE 10b. COUNTY	r	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	Md.		Balt		. ZIP CODE		Lan OFFIER	1 🔀 YES 2 🗌 NO OF WHAT COUNTRY?	
FUNERAL	635 W. Lafayet	te Avenue		"	21217		USA	OF WHAT COUNTRY?	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes		RACE — American Indien,	
	1 Never Married 2XX Merried 3 Widowed 4 Divorced	FORCES? 1 YE			2 X NO Specify:	Pusrto Ricen, etc.)	D	Black, White, etc. Specify: I ACK	
D BY		l .	Las proceedings the			I			
TE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of work of life. Do NOT use reti	AL OCCUPATIO done during mo red.)	on st of working	16b. KIND OF BUS	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Construc	tion		Ram Cor	struct	ion Co.	
SON	17. FATHER'S NAME (First, Middle, Last)				The second second second	E (First, Middle, Maiden	Surname)		
BE (George Parnel	1			Nancy	Hair			
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Room				
	Nancy Parnell 1010 W. Baltimore St., Balto., Md. 21223 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of commodery, crematory or 200. LOCATION — City or Town, State								
	1 🔀 Buriel 2 🗆 Cremation 3 🗆 Rem 4 🗋 Donation 5 🗀 Other (Specify)	oval from State	Western S	tar Ce	m.			le, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AN	ID ADDRESS OF FACIL	LITY		, , , , ,	
	► Wartia 9	(Ward			O Wabash timore, M		215		
	23. PART I. Enter the diseases, or								
	shock, or heart feilure. IMMEDIATE CAUSE (Finel	List only one cause on	eech line.					Interval Between Onset and Deeth	
	disease or condition resulting in death)	a. Arteriosc	lerotic Car	diovas	scular Dis	sease			
		DUE TO (OR AS	A CONSEQUENCE OF):						
NO.	Sequentielly list conditions,	b. DUE TO (OR A!	A CONSEQUENCE OF):						
AT	if any, leeding to immediate ceuse. Enter UNDERLYING	•							
HE	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	reaulting in death) LAST	d							
AL C	PART II. Other aignificent condition	na contributing to death	but not resulting in th	e underlying	g ceuse given in Pr			24b. WERE AUTOPSY FINDINGS	
SC						PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC						TNICDE	OTT ON	1 - YES 2 - NO	
ż						INSPE	CTION		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (Checi				
HYS	1 X YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ŽŠER/O	Y 28b. TIME OF	28c, INJ	URY AT	Other (Specify) 28d, DESCRIBE HOW	INJURY OCCUR	ED	
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year) INJURY		YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, street	t, factory, offic	• :	26t. LOCATION (Street City or Town, State)		Rural Route Number,	
ITE	4 Homicide determined					,			
COMPLETED	TOTACK OTHY	ICIAN: To the best of my kn							
S S	one) 2XXMEDICAL EXAMINE	IR: On the basis of examina	tion and/or investigation, in	my opinion, d	leath occured at the til	me, date end place, er	nd due to the co	nuse(s) end menner es stated.	
BE (296. SENATURE AND TITLE OF CENTREE	(UIV)	A		29c. LICENSE NUMB			GNED (Month, Day, Har)	
5	JULIUM T	The contract of	1 10		OCME	\$	2-	3-90	
	Mario F. Golle	1 0	And the same representation of the	70	et, Baltin	more MD	21 201	vl	
	31. DATE FILED MASS. Sh. Jews QQQ		GNAT PORTAGE	DULE	Dailli	INTE, MID	21201	AT	

1	STAT	E STRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	ERTIF	ICATE OF	DEATH	RI	EG. NO.				
-	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3. TIME OF DEATH		
	MARIAN PROUTY						MONTH 2	6	90	10:00 A. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B			IPLACE (State or Foreign		
	049-10-7132	1 🗌 M 2 💢 F	94	YRS.	MONTHS DAYS	HOURS MIN.	9/2/S		Cana	ada		
OR	9a. FACILITY NAME (If not institution, give a Manorcare Rossvii				Rossvi	or location of de	EATH		Baltin			
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v		10c CIT	Y. TOWN OR LOCA	ION				10d. INSIDE CITY		
DIRECTOR		timore			Towson					LIMITS? 1 YES 2X NO		
FUNERAL	100. STREET AND NUMBER 28 Allegheny Avo	e. Un	it 2207		10	ZIP CODE 2120	4	10g.	U.S.	VHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. AR YES 2 24 WAR OR DATES		If yes, sp	CENDENT OF HISPAT ecify Cuban, Mexice 2 NO Specifi	n, Puerto Ricen		- 14. RACE Black Speci	E — American Indien, k, White, stc. White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION (completed)	16a. DE	CEDENT'S	USUAL OCCUPATE	ON set of working	16b. KIN	D OF BUSINESS	INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during mose retired.)	of Working						
<u>M</u>	12th Grade		В	ank '	Teller		Suff	olk Fra	ınklin	Svgs. Bk.		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			ne)			
BE	Alexander MacPh	erson					ine Ma					
2	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	y Avenue	Route Number, C	07 Novement	i, Zip Code)	0./		
	George Joseph						Lows					
	20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐XCremetion 3 ☐ Rem	ioval from State	other pl	lace)		metery, cremetory or		20c. LOCATIO				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF	CENCEE	_ Metr	o Cr	ematory,	Inc.	OHITY	Balti	more,	Maryland		
	Days 2	Fisher			Hubb	ard Fune	ral Ho			Md. 21229		
N	23. PART I. Enter the diseases, pr shock, pr heert fellure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions.	a. DUE TO	OVAU O (OR AS A CONSE	OUENCE C	Resp	and of dying, suc		or respiratory	y arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	С	OR AS A CONSE									
ERTIF	that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):											
DICAL	PART II. Other significent condition	ns contributing to	death but not	resulting	In the underlyin	g ceuse given in		PERFORMED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
ä												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C/	neck only one)					
Š	1 TYES 2 NO		☐ ER/Outpatient 3	3 🗆 DOA		ne 5 🗆 Residence	6 Other (Sp	ecify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE Of (Month, I		26b. Til	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRI	BE HOW INJURY	OCCURED			
TED BY	3 Suicide 6 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 6 Could not be hullding str. (Shectiv) At home, farm, street, factory, office 281							281. LOCATION (Street and Number or Rural Routs Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	17								a) and menner ea stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	W wy				D220	MBER 552.	29d.	DATE SIGNED	(Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WI	10 WOMPLETED CAL						Parron				
4	Srinivas	29 DECIPTO			aritan b	Hosp 5601	г госи	naven .	DTAG.			
	FEB U7 1990 9	eta Devidos	AR THENSY IN									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned to the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

le as the burial-transit permit. Pages 1, 2, 3 should

03-3146 Ittending physician.

BALTIMORE, MARY

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in thera unecon. Tayes 1, 2, 3 shows	10 THE FUNEKAL UNKECTOR; After this certaindrate has been signed by the attending projected and compressy med in by the united at the compact of health and Mental Hygiene prior to burial, cremation, or removal.
ar death. Page 6 hay a minered by the hospital or attending physician.	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 way a memory by the hospital or attending physician.
BALTIMONE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,
(

FOR 1 - STATE REGISTRAR		STATE OF M		DEPARTME ERTIFICA		EALTH AND I	MENTAL	HYGIENI REG. NO.	E .		
1, DECEDENT'S NAME (I	First, Middle, Last)	FLORENCE		S PERM			2. DATE O			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NO 134-14-5	823	1 🗆 M 2 🏋 F	6. AGE (In yrs. last	YRS. MONTH		HOURS MIN.	9/1	F BIRTH Day, Year) 1/25	9c. COUNT	Country	NEW YORK
	COUNTY		HOSPITA			ALLSTOWN					IMORE
BALTIMORE RESIDENCE OF E 10a. STATE MARYLAND	10b. COUNTY	BALTIMOR	RE	10c. CITY, TOW		TIMORE					10d. INSIDE CITY LIMITS? 1 YES 2 XX0
30 TENTM:		APT. C			101.	ZIP CODE 2]	L208		10g. CITIZI		THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4	_	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED	If yes, spe	ENDENT OF HISPAN polity Cuban, Mexica 2 NO Specifi	n, Puerto Ri		or No — 1	4. RACE Black Speci	— American Indian, , White, etc. /y: WHITE
Separate Sep	DECEDENT'S EDUC only highest grade or y (0-12)	ATION completed) College (1-4 or 6+)	(G	CEDENT'S USUAL tive kind of work do Do NOT use retire HOUSEV	ne during mo: d.)		16b. i	KIND OF BUS	HOME		
17. FATHER'S NAME (FIG.						18. MOTHER'S NA	ME (First, Mi		Sumame) ESSLEF	2	
998. INFORMANT'S NAME OF PERIOD PERIOD						A., APT			n, State, Zip ([MORE]		21208
20a. METHOD OF DISPO 1 Departed 2 Crew 4 Donation 5 0	ation 3 Ramo	val from State	20b. PLACE other pli Bl	of disposition ETH EL I	(Name of cen MEMOR]	netery, cremetory or			CATION — C NDALLS		wn, Stata N, MD
21, SIGNATURE OF FUN		ensee Le	unisi	m		DADDRESS OF EACH OL LEVING REISTE					MD 21215
IMMEDIATE CAUSE	r heert fellure. I (Finel	let only one caus	se on each line				th ae cerdi	ac or reepl	ratory erre	st,	Approximate Interval Between Onset and Daath
If any, leading to in cause. Enter UNDE! CAUSE (Disease or that initiated events	disease or condition resulting in death) a. Madadatu Lung Canaly OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF):										
PART II. Other signi	DART II Other cloudless and disease and di									. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRIE EXAMINER? 1 YES 2 MANNER OF DEATH		HOSPITAL:	ER/Outpatient 3		IER:	ACE OF DEATH (C)					
27. MANNER OF DEATH 1	Pending Investigation	28a. DATE OF (Month, D	INJURY	26b. TIME OF INJURY	28c. INJ WO			CRIBE HOW I	NJURY OCC	URED	
	Could not be determined	26e. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm, street.	factory, offic	•		(TION (Street r Town, State)		or Rural i	Route Number,
CONTRACTOR OF THE		CIAN: To the best of R: On the bests of a									a) and manner as stated.
296. SIGNATURE AND T	TU KN					29c. LICENSE NU			29d. DATE	SIGNED	(Month, Day, Year)

notified at once.

MARYLAND 21203-3146

FEB 07 1990

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	oseph Franc	is Reynol	ds		2. DATE OF DEATH DATE OF DEATH PONTH S. D.	1990 YE	ar 8:30 A M
DIRECTOR	200-16-2650	XIM2□F 63	,	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/6/1920		enthplace (State or Foreign Country) Pennsylvania
	9a. FACILITY NAME (If not institution, give street 4104 Eighth St.		9	Baltin	OF LOCATION OF DEA	ATH	9c. COUNTY	
	nesidence of decedent 10a. state Maryland N/A			timore	TON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4104 Eighth S	treet	, ,		21225		10g. CITIZEN	OF WHAT COUNTRY?
B		2. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No 14.	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 10th		16a. DECEDENT'S US (Give kind of wor life. Do NOT use if	rk done during mo retired.)	DN st of working	166. KIND OF BUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) Edward	Re	eynolds		Alice	M. Fo	Sumeme)	
10	190. INFORMANT'S NAME (Type/Print) Mrs. Ada M. (COOK)	Reynolds				oute Number, City or Town altimore,		
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	PLACE OF DISPOSIT Other place) Id. Veter	an's Ce	emetery-C	rownsville	cation - city 2 Crowr	or Town, State NSVille, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ke,	vin E. Ec	MC(ULLY Fun	eral Home	of Bro	ooklyn , Md. 21225
-				23/ E.	Pataps	co Ave., t	saito.,	, Mu. 21225
AF	23. PART I. Enter tha diseases, or conshock, or haert feliure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on early seart	attack	t entar the mo	de of dying, such	as cardiac or respi	ratory errest	
ATION	shock, or haert feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediata	Heart DUE TO (OR AS A		t entar the mo	de of dying, such		ratory errest	Approximate interval Between
ERTIFICATION	shock, or haert feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR AS A	attack consequence of:	t entar the mo	de of dying, such	as cardiac or respi	ratory errest	Approximate interval Between
: MEDICAL CERTIFICATION	shock, or haert feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A DUE TO (OR AS	consequence of:	t entar the mo	ilect N	lyscarcial	AUTOPSY	Approximate interval Between
CAL	shock, or haert feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cond	DUE TO (OR AS A DUE TO (OR AS	consequence of:	the underlying	cause given in a	Part I. 24a. WAS AN PERFOR	AUTOPSY	Approximate interval Between Onset and Death Conset and Death Conset and Death Conset and Death Conset and Death Conset and Death Compared to Compared to Compared to Compared to Compared to Compared to Conset and Death Conset a
PHYSICIAN: MEDICAL	shock, or haert feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cond	DUE TO (OR AS A DUE TO (OR AS	consequence of:	the underlying 26. PI THER: Nursing Hore RY 28c. INJ RY	cause given in a	Part I. 24a. WAS AN PERFOR	AUTOPSY	Approximate interval Between Onset and Death Trac. diddic SEEP 1978 1978 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, or haert feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cond	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death bu	consequence of: conseq	the underlying 26. Pi OTHER: 6 Nursing Horr NY M 1	g cause given in I	Part I. 24a. WAS AN PERFOR	AUTOPSY AMED?	Approximate interval Between Onset and Death Onset and Death Aid in Step 1978 1978 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 VES 2 NO
BY PHYSICIAN: MEDICAL	shock, or haert feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cond	DUE TO (OR AS A DUE TO (OR AS	consequence of: Consequence of: Consequence	the underlying 26. PI OTHER: 6 Nursing Horr OFF 28c. INV NV 1 Teel, factory, office	g cause given in i	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) 6 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street City or Town, State) to the cause(a) and me	AUTOPSY AMED? AND NO INJURY OCCUR and Number or inner as stated.	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and D
PHYSICIAN: MEDICAL	shock, or haert feilure. List iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cond	DUE TO (OR AS A DUE TO (OR AS	consequence of: Consequence of: Consequence	the underlying 26. Pl THER: 6 Nursing Horr OF 28c. IN. W 1 Teet, factory, offic at the time, data, in my opinion, o	g cause given in i	Part I. 24a. WAS AN PERFOR 1 TYES 2 Ck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and mentime, date and place, ar	AUTOPSY AUTOPSY AMED? AND NO INJURY OCCUR and Number or i	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset and Onset and Onset O

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be	TO THE PLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has such a within 72 hours after death with the State Dect. of Health and Mental Hopiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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31. DATE FILED (Month, Day, Year)

1990

William I. 4. SOCIAL SECURITY NUMBER 5.	Rutter				2. DATE OF DEATH		3. TIME OF OEATH		
		** REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S MAME (First Middle, Igner) William I., Rutter					Feb 5, 1990 999 AM		
	SEX 6. AGE			UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 9, 1	917	BIRTHPLACE (State or Foreign Country) Delaware		
9a. FACILITY NAME (II not institution, above street and numbers) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Parkville Baltimore									
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland Balti	more	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
100. STREET AND NUMBER 1801 Wentworth Road				101. ZIP CODE 21234		10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, specif		IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	se or No— 14	RACE — American Indian, Black, White, etc. Specify: White		
		Iffe. Do NOT use	rk done during most o retired.)	working	16b, KIND OF B				
12 17. FATHER'S NAME (First, Middle, Last)		Foremar		. MOTHER'S NA	Pho ME (First, Middle, Maide	enix S	teel		
William E.	Rutter		"		lora	Kir	na		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and		Route Number, City or To				
Mrs. Hilda Rutter		7 Wak	eham Co	urt	Luthervill	e Md	21093		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A COMPREGUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERFLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Per					Part i. 24a. WAS / PERF	AN AUTOPSY ORMED? 2 1 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation					28d. DESCRIBE HOV	DESCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street and Number, City or Town, Street						Rural Route Number,			
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occupied at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of expression and or transport, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
	777	1 11 17		9c. LICENSE NU			SIGNED (Month, Day, Year)		

Navidan - Randall

memory the hospital or attending physician.	not be written be detached for use as the burial-transit permit.		must be multilled at once,
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page in present the law requires that the death certificate be executed within 24 nours after death. Page in present the law requires that the death certificate be executed within 24 nours after death.	signed by the attending physician and completely filled in by the funeral di-	Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must examine at once.
e law rec	has been	Dept. of	23 sh
AN: The	ificate !	State	r item
IDING PHYSICI	After this cert	death with the	s marked, o

BALTIMODE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HOSPITAL OR ATTENDING P. FUNERAL DIRECTOR: After the within 72 hours after death v

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

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29b. SIGNATURE AND TITLE OF CERTIFIE

Dr. KIRAN

31. DATE FILED (MONTH), FEB

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) Figo, Print)

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH VIRGINIA 4. SOCIAL SECURITY NUMBER SmITH 10 3 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 ☐ M 2 # F 67 212-20-0032 YRS. 5/14/22 N.C . FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9C. COUNTY OF DEATH Secon BALTIMORE DIRECTOR 10671T44 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 1\$ YES 2 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 2803 Kinsey Ave. 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 VES 2 NO Specify: 1 Never Married 2 Married Specify: 84 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Bernard Wilson Helen C. Wilson BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Reuben L. Ford 2803 Kinsey Ave. Balto. Md. 21223 29e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State Cedar Hill Cemetery 4 Donation 5 Other (Specify) Brooklyn, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 23. PART Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or reapiratory street, Approximata ahock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) Hct-CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? BOWE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 8 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide determined

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2 MEDIÇAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	0	2 5	=
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Rebecca Schoen	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH MONTH 30 90 3 49 D M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 215-63-435201 M 2 F S YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH South, Dept. Year) 10 V 1, 1901 Mary and					
ron	Baltimore Co General Hospital Randal Stown Balto Balto,						
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
AL	100. STREET AND NUMBER SCOTTS LEVEL Rd 2120	8 USA					
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married	n, Puerto Ricen, etc.) Black, White, etc.					
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Segandary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	186. KIND OF BUSINESS/INDUSTRY					
COMPLET	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME	ME (First, Middle, Melden Surneme)					
0 BE (HARRIS LUNTZ 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural R	On Know N Noute Number, City or Town, State, Zip Code)					
)	10 Burlet 2 Cremation 3 Remove from State	R Dalto, Md 21207					
1) Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BY SIGNATURE OF PROBLEM STATES OF FACILITY BY SIGNATURE OF FACILITY BY S							
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such	STOWN Rd Baltomd A SE CARDIAGO PROPERTIES APPROXIMATE					
	ahock, pr heart feliure. List pnly pne cause pn eech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of):						
NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):						
CERTI	resulting in death) LAST						
MEDICAL	PART II. Other algnificant conditione contributing to death but not resulting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Chr. EXAMINER? HOSPITAL: OTHER:	eck only one)					
PHYSI	1 YES /2 ATO 1 Inpetient 2 ATO 1 Inpetient 3 DOA 4 Nursing Home 5 Residence 27. MAINSTEEL OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY ATO WORK?	8 Other (Specify) 28d. DEŞCRIBE HOW INJURY OCCURED					
ED BY	1 Metural 8 Pending 2 Accident Investigation 3 Suicide 8 Coyld not be 4 Homicide gyfarmined	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
APLET	29a. CERTIFIER (Check only 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.						
E COMPL	2 DECICAL EXAMINET: On the basis of examination and/or investigation, in my opinion, death occured at the 29b. SIGNATURE AND TITLE OF CHITTEEN 29c. MCENSE NUM						
TO B	30. NAME AND COORESS OF PENSON WHO COMPLETED CAUSE OF DEATH (FEM ET) COPS. Print)	1 1 1 3/190					
	3 DAZE ELB MOTY 0 1990 SILLEN AND 15 145 10 P.C.	Bull MII! HLB					

TO BE COMPLETED BY FUNERAL DIRECTOR

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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and remain Press	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	the bound of the state that of Health and Mental Horlene prior to burial cremation of removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

committees and the posture of the hospital or attending physician.	tificate has been signed by the attending physician and completely filled in by when the property of the action of	d).	examiner must be notified at once.
IYSICIAN: The law requires that the death certificate be executed within 24 hours and	tificate has been signed by the attending physician and completely filled in by	ith the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	sted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cert	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, o

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR		SIAIE UF	MAHYLAND C				DEATH	D MEN	REG. NO.	t		
1. DECEDENT'S NAME (First,	Middle, Last)						_		ATE OF DEATH	W	YEAR	3. TIME OF DEATH
IDA	7		SCHL	077	3	EK	6,	7	FEB	3, 1	990	10 37 PM
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UND	DER 1 YEAR	IF UNDER 24 HR	(1.4	TE OF BIRTH lonth, Day, Year)	7	6. BIRTHP Country)	LACE (State or Foreign
218-18-026	9	1 M 2 TF	100	YRS.	- CONTIN	DATS	HOOMS		V.23,18	89	, , ,	MARYLAND
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CI	TY, TOWN	OR LOCATION OF	F DEATH			NTY OF DE	
PIKESVILLE	NURSI	NG HOME				P	KESVILI	Œ			BALTI	MORE
RESIDENCE OF DEC	10b. COUNT	v		I the CIT	v Towi	N OR LOCA	TION					10d. INSIDE CITY
MARYLAND		LTIMORE		100.01	.,		LISTOWN					YES 2 NO
10e. STREET AND NUMBER 8609 LUGANO RD. 10f. ZIP CODE 21133 USA												
11. MARITAL STATUS 1 Never Merried 2	Married		T EVER IN U.S. A YES 2 MAR OR DATES		1	If yes, s	pecify Cuban, Ma		IGIN? (Specify Yes rto Rican, etc.)	or No—	14. RACE Black, Specify	— American Indian, White, etc.
Widowed 4 Divo	EDENT'S EDU	CATION	16a, C	ECEDENT'S	USUAL	OCCUPAT	ION	Т	16b. KIND OF BUS	SINESS/INC	DUSTRY	WILLE
	y highest grade			Give kind of the Do NOT us	work dor	ne durina m	ost of working					
6	(12)	College (In- or 5	"	HOU	SEW.	IFE			AT	HOME		
17. FATHER'S NAME (First, M	liddle, Last)						16. MOTHER'S	NAME (Fir	st, Middle, Maiden	Sumeme)		
BARNEY SILV	ERMAN						MAF	SA TIN	IKNOWN			
194. INFORMANT'S NAME (1 MALCOLM SCH)		RG		3502					lumber, City or Tow ORE, MD	n, State, Zip 212		
20a. METHOD OF DISPOSIT		noval from State		E OF DISPO	SITION	(Name of c	emetery, crematory	or			City or Tow	1.4 2012
4 ☐ Donation 5 ☐ Other	(Specify)		BET	H EL			PARK				STOWN	, MD
21. SIGNATURE OF FUNERA	/	tell	man		2				& BROS, WN RD.			MD 21215
23. PART I Finter the d shock, or i IMMEDIATE CAUSE (Findisesse or condition resulting in death)	esrt falfure.	List only one ca		ne.	2		ode of dying,		cardiac or resp	iratory ar	rest,	Approximate interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata ING ury	c	O (OR AS A CONS									
PART II. Other algnifica	ant conditio	na contributing to	death but no	t resulting	in the	underlyi	ng cause giver	n in Part i	24a. WAS AN PERFOI 1 TYES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			~~		PLACE OF DEATH	(Check on	ly one)			
1 YES 2 NO		1 Inpetient 2	☐ ER/Outpatient	3 🗆 DOA	40	Nursing Ho	me 5 🗌 Reside	nce 6 🗆 (Other (Specify)			
	Pending	26a. DATE O (Month)	F INJURY Ody, Year)	26b. TH	ME OF JURY 1	C V	NJURY AT YORK? YES 2 NO	1 712	DEȘCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — At i, etc. (Specify)	home, farm,	street,	factory, of	ice	281.	LOCATION (Street City or Town, State	and Numbe	er or Rural R	oute Number,
one)	-	SICIAN: To the best of										and menner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	BAI		-			29c. LICENSE		2			(Month, Day, Year)
30. NAME AND ADDRESS OF	OF PERSON W	BOB	mb	722	e, Print)	Park	y He's	945	BALTI	Mda	EM	1-90 10 2120f
31. DATE FILED (Month, Day) FEB 0 7	1990	32. REGISTE	AR'S SIGNATURE	dall								

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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last		CERI	IFICATE OF	DEATH	2. DATE OF	EG. NO.		
and the same of the same of					MONTH	DAY	YEAR	3. TIME OF OEATH
JOSEPH S. 4. SOCIAL SECURITY NUMBER	STEWART 5. SEX 6. AG	BE (In yrs. last birth	day) _ # UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HTRIE	1	THPLACE (State or Foreign
214-05-3253	1X M 2 🗆 F	73 YF	MONTHS DAVE	HOURS MIN.	(Month, De	06 1	Cou	RYLAND
90. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DE			9c. COUNTY OF	
UNION MEMORIA	I. HOSPITAL		BALTI	(OPF				
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN		100	CITY, TOWN OR LOCA					Les mone or
MARYLAND		100	BALTIMOR					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER				1, ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?
1410 MEDFIELD A	AVENUE			21211			USA	1
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		CENDENT OF HISPAN			or No.— 14. RA	CE — American Indian,
1 Never Merried 2X Married	FORCES? 1 X YE	ES 2 NO		secify Cuben, Maxice 3 2 4NO Specify		n, atc.)		eck, White, etc.
3 Widowed 4 Divorced	W	WII					WE	ATTE
16. DECEDENT'B ED (Specify only highest grad		(Give kin	NT'S USUAL OCCUPATE d of work done during m		18b. KIN	ID OF BUSIN	NESS/INDUSTRY	
Elementary/Secondary (0-12) 10TH	College (1-4 or 5+)		OT use retired.) ETIRED			B.G	. & E.	
		I I	TIKED					
17. FATHER'S NAME (First, Middle, Last) JOHN WILLIAM	STEWART			16. MOTHER'S NA	E ARTA		urname)	
190. INFORMANT'S NAME (Type/Print)	JI LWARCE	405 1444	LING ADDRESS (Street					
GLADYS R. STEWA	ART		O MEDFIELI					1
200. METHOD OF DISPOSITION			SPOSITION (Name of ce		Dillio		ATION — City or	
1 X Buriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	WOODI.A!	NN CEMETER	Y			TO., MI	
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE /	/	22, NAME A	ND ADDRESS OF FA	CILITY			
· la Alan	10+	14	A. A	LAN SEIT	7 TD	TIME	TAGE TAGE	ME
10	- LUC-		*** -	TIMM DELL	L, JIL.	LOME	INAL HOL	ALG.
iMMEDIATE CAUSE (Final disease or condition		sad the death.	3818	ROLAND	AVENUE	, BAI	LTO., M	D. 21211 Approximata Interval Between
ehock, or heart failure IMMEDIATE CAUSE (Final	DUE TO (OR A	S A CONSEQUENCES A CONSEQUENCES	3818 Do not enter the mode of the office of	ROLAND	AVENUE	, BAI	LTO., M	D. 21211 Approximate Interval Between
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2-5-90. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Denise Joseph, M.D. 9000 Franklin Sq. Drive, Balto., Md. 21237		29b. SIGNATURE AND TITLE OF CERTIFIE	ir .	1		29c. LICENSE NU	MBER	29d. DATE S	HGNED (Month, Day, Year)	
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	HOSPI	-UNE	TANT
	THE I	fled v	PORT

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Son 16 m in 4. SOCIAL SECURITY NUMBER		Podbell			2. DATE OF DEATH MONTH DATE	90	7:01 A M
		1×1×2 = 91	YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR Coy	THPLACE (State or Foreign
DIRECTOR	Sinci Hosp of B			Beltim	1/2,	- J		O-
	MARYLAND 106. COUNTY		10c. CITY, T	BALTIN	ORE			10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \)
FUNERAL	3600 LABYRINTH RD	.,APT. C-11		101.	ZIP CODE 212	15	USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	13. WAS DECE If yes, spe 1 — YES	olfy Cuben, Mexica	IC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bia	CE — American Indian, ack, White, etc. ec/ly: WHITE
COMPLETED	15. OECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use in MECHANI	k done during mos etired.)	t of working	16b. KIND OF BUS	BUILDIN	IG
BE CON	17. FATHER'S NAME (First, Middle, Last) ABRAHAM RODBELL				I	ME (First, Middle, Meiden S RACHEL RUDX	LPH	
10	190. INFORMANT'S NAME (Type/Print) MRS. FANNIE RODBE 200. METHOD OF DISPOSITION			ABYRINI	H RD.,	APT. Cll E		
	1 X Suriel 2 Cremetion 3 Remon 4 Donation 6 Other (Specify)	uis uis		6010	REISTERS	& BROS., I	BALTO.	
CERTIFICATION	Sequentially list conditions, b.	Proposed in the course on electronic on the course on electronic on as a second of the course on electronic on as a second of the course of th	CONSEQUENCE OF):		ie of dying, auci	h aa cerdiac or reapli	atory arrest,	Approximata interval Between Onset and Dasth 1 week Sevenlye 1 week
PHYSICIAN: MEDICAL CI	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Cong Sive Heart Feilure, Chanic Atrial Thilletin-						4b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJU	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	IJURY OCCUREO	
	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City or Team, State)						
COMPLETED	Torroom orally	CIAN: To the best of my known: 3: On the basis of examination						e(a) and manner as stated.
TO BE (PT	Vent Physicis			29c. LICENSE NUI 2312	ABER		ED (Month, Day, Year)
	36 NAME AND ADDRESS OF PERSON WHO I rein Weinberg Mi 31. Date FLEPBOND TO 1990	D, Dept of M	ATH (ITEM 27) (Typo, Pr	Hosp (of Belto		,	
	31. DATE FLEB 0 7 1990	ALL DAVIDOR	MANAGER					

MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTR	ΑR
1	ı. Di	ECEDENT'S	NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH
EZETI	2016007	in			нтиом	DAY	YEAR YEAR	1002 Km
4. SOCIAL SECURITY NUMBER	5,957 6, AGE	'in yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS,	7. DATE OF BI	<u> </u>		HPLACE (State or Foreign
213-05-3	2 □ F Q		NTHS DAYS	HOURS MIN.	(Month, Day,	6/07	Coun	(ry) IARYLAND
9a. FACILITY NAME (If not institution, give at	reet and number)	96	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COU	NTY OF	DEATH
SINTUL HO.	Spital		Balt	1m05	e_			
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY
MARYLAND		P	BALTIMO	RE				LIMITS?
10e, STREET AND NUMBER				ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?
2500 W.BELVEDER	E AVE.,APT.	301		21215			US	
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES			ENDENT OF HISPAN			14. RAC	E — American Indian, ck, White, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES		2 □XNO Specify		, 400,	Spec	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	JAL OCCUPATIO	DN st of working	16b. KING	O OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	1.01						
12		WATCH	REPAIR			JEWELRY		
17. FATHER'S NAME (First, Middle, Last)				Pelitics of Education		, Maiden Sumame)		
PHILIP REISMAN 190, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	ROS	E LAND		p Code)	
ALAN KUSHNER		Contract to the Contract of th		LE CT.			210	145
10 STIFF THOD OF DISPOSITION	200	. PLACE OF DISPOSITIO			COLIDAR.	20c. LOCATION —		
4 Donation 5 Other (Specify)	oval from State	other place) ARLINGTON		•	. 1			
21. SIGNATURE OF FUNERAL SERVICE LIC		ARLINGION	22. NAME AN	ID ADDRESS OF FA	CILITY	BALTIM	UKE	MD
(10 m)	Lain			L LEVINS				01015
23. PART I. Enter the diseases, or o	complication that cause	d the death. Do not		REISTER				MD 21215 Approximate
	List only one cause on a		enter the mo	aa or uymg, suc	II ae cerdiac	or reapiratory er	reet,	Interval Between Onset and Death
discours or pondition	DUE TO (OR AS	71						
	DUE TO (OR AS	CONSEQUENCE OF):						
Sequentially list conditions,	. Seps1:	CONSEQUENCE OF):						
If any, laeding to immediate cause. Enter UNDERLYING	DUE NO (OR AS A	CONSEQUENCE OF):	111	2 /				
CAUSE (Disease or Injury	a CIZULE	A CONSEQUENCE OFI:	emt	15				
thet initieted events resulting in death) LAST	DUE 10 (ON AS)	CONSCOULABLE OF J.						j
	d							+
PART II. Other algnificent condition	e contributing to deeth i	out not reculting in t	he underlying	g cauee given in	Part I. 24s.	. WAS AN AUTOPSY PERFORMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					_ 1	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
					_ ' '	X		1 YES 2 NO
					_			
25. WAS CASE REFERRED TO MEDICAL			28. Pt	ACE OF DEATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Raaldenca	8 Other /Sou	ecify)		
27. MANNER OF OEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. 1NJ	URY AT		BE HOW INJURY OF	CURED	
1 Natural 5 Pending	(Month, Day, Year)	เหมบลา		PRK?				
Accident investigation 3 Suicide 8 Could not be		Y — At home, farm, stre-	et, factory, offic	•	28f. LOCATIO	N (Street and Number	or Runsi	Route Number,
4 Homicide determined	building, etc. (Spe	icity)			City or Tox	wn, State)		
29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	viedge, death occurred a	rt the time. date	and place, and due	10 the cause/s	and manner as etc	nted.	
Critick Orlly	R: On the basis of examination							(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)
Ville 1	Till mo			9410	3)	2/1	1/90
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, Pri	int)					
VICKI STOP	SINTA -	JOSD B	elved	ere EG	Freen	Sprin	GA	ve
FEB 07 1990	Julia Davidson 1	ander		•				

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examiner must be notified at

nating physician. In the burlat-transit permit, Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remove	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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31. DATE FILED (Month, Day, Year) FEB 071990

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND N FE OF DEATH	MENTAL HYGIEN REG. NO			
	1. DECEOENT'S NAME (First, Middle, Last)	F, Smit	T¥			AV YE	3. TIME OF DEATH	
3	4. SOCIAL SECURITY NUMBER 219 - 30 - 5-067	5. SEX 6. AGE (In yrs.		DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) [- 2 8	0	BIRTHPLACE (State or Foreign Country)	
OR	90. FACILITY NAME (If not institution, give	street and number)	9b. C	13 A LT IN		9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL I	100. STREET AND NUMBER 2704 Winches	ester St		101. ZIP CODE 2/2//			OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	IS. WAS DECENDENT OF HISPAN If yes, specify Cuben Mexical 1 YES 2 10 NO Specify	n, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.	
COMPLETED	16. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)			OCCUPATION ne during most of working d.) ORKEN	16b. KIND OF BU	SINESS/INDUST	RY	
BE COM	17. FATHER'S NAME (First, Middle, Last)	own	<u>U</u>		ME (First, Middle, Maiden	Sumame)	ville	
TO B	19a. INFORMANT'S NAME (Type/Print)	4 Johnson	1	ESS (Street and Number or Rural F	Pourte Number, City of Tov	on, Spate, Zip Coo	"hiam/21044	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State	Rubun		1:	BAIL	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE L	L. Russ		22. NAME AND ADDRESS OF FA 105eph 2. FA 2002 W. No.	th Ave	Nern. BALL	1 Home	
	23. PART I. Ents the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in desth)	a. List only one cause on each i	EMONIA		h aa cardlac or reap	iratory arrest,	Approximate Interval Between Onset and Death	
NC	DUE TO (OR AS A CONSEQUENCE OF): URUSEPSO (OR AS A CONSEQUENCE OF): URUSEPSO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTI	that initiated events reaulting in death) LAST d.							
PHYSICIAN: MEDICAL	PART II. Other significant condition		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH?				
AN: M	25. WAS CASE REFERRED TO MEDICAL	BITUS US					1 TYES 2 NO	
YSICI	EXAMINER? 1 YES 2 NO 27. MANNER OF GEATH	HOSPITAL: 1 Inpetient 2 ER/Outpetient 28e. DATE OF INJURY	1 3 DOA 4 D	26. PLACE OF DEATH (Ch TER: Nursing Home 6 Residence	6 Other (Specify)			
ВУ РН	1 Natural 6 Pending 2 Accident Investigation	(Month, Dey, Year)	26b. TIME OF INJURY	T TES 2 NO	28d, OESCRIBE HOW			
ETED.	3 Suicide 6 Could not b 4 Homicide determined				26f. LOCATION (Street City or Town, State)	sural Houta Number,	
COMPLETED	(Check only one) 2 MEDICAL EXAMI	/SICIAN: To the best of my knowledge NER: On the basis of examination and		ny opinion, death occursd at the	time, data and place, a		suse(a) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIF	MINIS		D Z 334	00	1 2-	GNED (Morith, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON V	PATEL Z	(ITEM 27) (Type, Print)	LIBERTY RD	MEID	TO M	D. 21215	

FOR STATE BEGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	NEGISTRAN		CERTIF	CALL	I DEA	111	HEG. NO	١,	
	1. DECEDENT'S NAME (First, Middle, 1861) Stella P'S	uber		(1		2	DATE OF DEATH	AY GO YEAR	3. TIME OF DEATH 0755 Am
		S. SEX 6. AGE (in yrs. last birthday)	IF UNDER 1 YE		MIN. 7	7. DATE OF BIRTH (Manth, Day, Year) 0-22-12 8. BIRTHPLACE (State Country) 5. C.		
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOV	N OR LOCATI		н	9c. COUNTY OF	DEATH
FUNERAL DIRECTOR	SIVAL HOSE	ITAL		13	ALT	0		Cl	19
EG EG	10a. STATE 10b. COUNTY			Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
ā	Md.		Ba	lto.					1 X YES 2 NO
RAL	100. STREET AND NUMBER 4422 Pall Mall Rd				10f. ZIP COD	-			F WHAT COUNTRY?
NS I		2. WAS DECEDENT EVER II		13, WAS	DECENDENT (OF HISPANIC	ORIGIN? (Specify Yes	USA 8 or No — 14. RA	CE American Indian,
À	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DA			, specify Cube YES ≵⊠ NO		Puarto Rican, etc.)	100	eck, White, etc. ecity: I.C.K
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	rion mpleted) Coltege (1-4 or 5 +)	16a. DECEDENT'S (Give kind of I life. Do NOT us	work done during	ATION most of world	ng	16b. KIND OF BU	SINESS/INDUSTRY	
OMF	17. FATHER'S NAME (First, Middle, Last)				16, MOT	HER'S NAME	(First, Middle, Maiden	Surname)	
BE C	John Reaves						Koones		
10	19a. INFORMANT'S NAME (Type/Print)						ite Number, City or Tox		_
	Mildred Watson	206	PLACE OF DISPOS	SITION (Name o	f cometons cros		lto., Md	CATION — City or	
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Ramova 4 🗆 Donation 5 🗀 Other (Specify)	ol from State	Md. Nat	. Mem.	Pk.	nadij di		urel, Md	
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAM 43	e and addre	ash A	venue		
	Portin W	ron			ltimor			·	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, approximate interval Between Onset and Deeth of Cause or condition as a consequence of:								
NO	Sequentially list conditions, The Atrial Edition								
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
CERTIFICATION	that initiated events resulting in death) LAST d.								
L'C	PART II. Other significant conditions	contributing to death b	out not resulting	in the under	ying ceuse	given in Pa		AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
MEDICAL								PIMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
							_ / `		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)								
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1	OSPITAL: Inpatient 2 - ER/Outp	patient 3 🗆 DOA	OTHER:			☐ Other (Specify)		
ВУ РН	27. NANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIN	JURY	INJURY AT WORK?	1.0	8d. DESCRIBE HOW	INJURY OCCURED	
8	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Your. State)							
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my know On the basic of examination							e(e) and manner as stated.
B	296. SIGNATURE AND TITLE DECERTIFICATION	m	M	٥	29c. LIC	ENSE NUMBI	ER	29d. OATE SIGN	EO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO O	IAN	SIN	Al 6	tospi	TAL	BA	270 /	no
	FEB 07 1990	32 REGISTRAR'S SIGN	Mandall						× 20

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL

STATE OF MARYLAND / I	DEPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CE	RTIFICATE O	F DEATH		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	D	tanley		2. DATE OF DEATH MONTH DAY 2 3 19	YEAR 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 220-10-6206	5. SEX 1 M 2 X F 79	rs. last birthday) IF UN YRS.	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 5 - 7 - 1910	BIRTHPLACE (State or Foreign Country) Md		
9a. FACILITY NAME (If not institution, give 3132 Belmont A			aty, town on Location of De Baltimone	EATH 9c. COUN	NTY OF DEATH		
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	TY	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 3132 Belmont	Avenue		101. ZIP CODE 21216		ZEN OF WHAT COUNTRY?		
11, MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 (X) NO	13. WAS DECENDENT OF HISPAR If yes, specify Cuban, Mexica 1 — YES 2 NO Specify	IIC ORIGIN? (Specify Yee or No n, Puerto Rican, atc.)	14. RACE — Americen Indian, Black, White, atc. Specify: Black		
1s. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Sa. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINESS/IND	JUSTRY		
17. FATHER'S NAME (First, Middle, Lest) Charles Pinde	r	· · · · · · · · · · · · · · · · · · ·		ME (First, Middle, Meiden Surneme)			
190. INFORMANT'S NAME (Type/Print) Maelo L. Wilso			ESS (Street end Number or Rural	Route Number, City or Town, State, Zip Balto, Md 212			
20e METHOD OF DISPOSITION 1/\[\subseteq \text{Urrel} = 2 \text{Cremattor} 3 \text{Rel} \\ 4 \text{Donattor} = 5 \text{Other (Specify)} \]	moval from State CO	ther place)	(Name of cometery, crematory or M. E. Church	1 Cem Cambrid			
21. SIGNATURE OF FUNERAL SERVICE L	march		22. NAME AND ADDRESS OF FA March F/H 4300 Wabas				
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But 10 (OR AS A CONSEQUENCE OF): DUE 10 (OR AS A CONSEQUENCE OF): DUE 10 (OR AS A CONSEQUENCE OF): DUE 10 (OR AS A CONSEQUENCE OF): DUE 10 (OR AS A CONSEQUENCE OF):							
PART II. Other significant condition	ons contributing to death but	not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C)	neck only one) 6 Other (Specify)			
27, MANNER OF CEATH Sturm 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK!	28d. DESCRIBE HOW INJURY OCC	CURED		
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY -	At home, farm, street,	factory, office	28f. LOCATION (Street end Number City or Town, State)	r or Rural Route Number,		
CONSCIN ONLY				to the cause(e) end menner ee state time, data end placa, and due to the			
29b. SIGNATURE AND TILE OF CERTIF	BLG	h Can'a	29c, LICENSE NU		TE SIGNED (Month, Day, Wear)		
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DEATH	H (INTEM 27) (Type, Print)	r Ho in	d. (Morrelin	D. Albuerre		
31, DATE FILED (MANIE DO) (1989) 190	90 32 REDISTRATE SUGNAT	Unifordess					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct he find within 72 hours after death with the State Dext. of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner m

2 Accident
3 Suicide

BE COMPLETED

2

1 - FOR STATE REGISTRAR 1. DECEOENT'S NAME (First, Middle, La	G Ru	CERT	IFICATE O	F DEATH	+	DANG /- 19	10	ME OF DEATH
4. SOCIAL SECURITY NUMBER 214-24-8925	5. SEX 9/1	AGE (In yrs. lest birthd	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) NOV. 2 18	388	BIRTHPLAC Mary	E (State or Foreign
9e. FACILITY NAME (Il not institution, git 4) 1/50/ Healt	1 1	enter	100	N OR LOCATION OF D		9c. COUNTY		
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		CITY, TOWN OR LO	CATION	/		10d.	INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Baltimore		Essex	10f. ZIP CODE	177.1	10g. CITIZEN		YES 2 X NO
68 Wiltshire R 11. MARITAL STATUS 1 Never Merrled 2 Merrled 3 Widowed 4 Divorced	12. WAS DECEOENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,		NIC ORIGIN? (Specify Y	na or No — 14.	SA Black, Whi Specify: Whi	merican Indian, ta, atc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(Give kind life, Do NO	IT'S USUAL OCCUP of work done during of use retired.)	most of working	16b. KIND OF B	USINESS/INOUS		
17. FATHER'S NAME (First, Middle, Last)			es reisc	-	AME (First, Middle, Maide	n Sumame)		
Daniel Trank 19a. INFORMANT'S NAME (Type/Print)	erg				Route Humber, City or To			7 8
20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State other place)				etery ACILITY	ocation - chy Baltim	or Town, S	tota Id.
23. PART I. Enter the diseases, abock, or heert failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	of complications that or re. List only one cause	eused the deeth. I		mode of dying, su	ch as cardiec or rea	piretory screet		Approximete Interval Betwee Onset end Dea
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF):)	
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST d.								
PART II. Other significant condi		eeth but not reaulti	ing in the underl	ring cause given l	Pert I. 244. WAS / PERF	AN AUTOPSY DRMED? 2 NO	AMAI COM OF I	E AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE JEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/Outputlant 2 D	OTHER:	. PLACE OF DEATH (C	Check only one)			77

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my collabor, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, de

29b. SIGNATURE AND TITLE OF CERTIFIET 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEPTINOTE DO 17" 1990

OHMH-16 Rev 1/89

14	7 2	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely for the first which and Mannel Municipal physician and completely for the first company.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the
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exe	8 5	8
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FOR STATE OF MA	ADVIAND / DEDADTM	CAT OF UPAITU AND I	ENTAL HVOLENE			
1 - STATE STATE OF MA		ENT OF HEALTH AND N NTE OF DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	MEAN	3. TIME OF DEATH	
Sherman E. Robins	son Jr.		Jaa. 31.	1990	11.40 "	
4. SOCIAL SECURITY NUMBER 5. SEX 6	AGE (In yrs. lest birthdey) IF U	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	June6, 192	8. BIR	THPLACE (State or Foreign ginia)	
9a. FACILITY NAME (If not institution, give street and number)						
		Clinton	ATH	9c. COUNTY OF		
RESIDENCE OF DECEDENT	renter	Clinton		Prin	ce George'	
Southern MD Hospital (RESIDENCE OF DECEDENT 10a. STATE Maryland Prince George's		nn or location r Marlboro			10d. INSIDE CITY XX YES 2 NO	
10e. STREET AND NUMBER		10f. ZIP CODE			WHAT COUNTRY?	
100. STREET AND NUMBER 209 Harry S. Truman Dr. #14 11. MARITAL STATUS 12. WAS DECEMENT. FORCES? 1X		20702		United	States	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed XX Divorced 12. WAS DECEDENT FORCES? 1 X IF YES, GIVE WAR		13. WAS DECENDENT OF HISPANI If, yes, specify Cuban, Mexican 1 YES YENO Specify:	C ORIGIN? (Specify Yee on particular of the control	Bla	CE — American Indian, ack, White, etc. ecity: Black	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUA	AL OCCUPATION lone during most of working	18b. KIND OF BUSI	NESS/INDUSTRY		
Elementary/Secondary (0-12) College (1-4 or 5+) 12th 17. FATHER'S NAME (First, Middle, Last)	Ilfe. Do NOT use retir	Compositor	Go	vernmen	ıt	
Sherman E. Robinson Sr.			NE (First, Middle, Meiden S a Greene	Surname)		
194. INFORMANT'S NAME (Type/Phil)		RESS (Street end Number or Rural R				
Michael Robinson	3124 Ba	nneker Dr., N.E	. Wash., D	.C. 200	018	
20e, METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Removal from State	offise places	N (Name of cemetery, crematory or		ATION - City or		
4 Donation 5 Other (Specify) 21. SIGNAPURE OF FUNERAL SERVICE LICENSE	Harmony Memo	22. NAME AND ADDRESS OF FAC		over,Ma		
Jummer C. Tu	la Sp	7474 Landover	Rd. Lando	ver,MD.		
Sequentially list conditions, If any, leading to immediate	on each line.	CARCIN		OF	Approximate Interval Between Onset and Death	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):						
PART II. Other algnificent conditions contributing to d 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Pinpattent 2 II 27. MANNER OF DEATH 28a. DATE OF II (Month, Day)	eath but not resulting in th	e underlying cause given in i	Part I. 244. WAS AN / PERFORI	WED?	4b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ock only one)			
EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpution 2 1		HER: Nursing Home 5 - Residence				
27. MANNER OF DEATH 28s. DATE OF IN	IJURY 28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
1 Natural 5 Pending	Year) INJURY	WORK? 1 YES 2 NO				
288. PLACE OF	INJURY — At home, farm, street ic. (Specify)	, factory, offica	281. LOCATION (Street as City or Town, State)	nd Number or Run	al Route Number,	
202. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of example					e(a) and manner as stated.	
		29c. LICENSE NUM	BER	29d, DATE SIGN	ED (Month, Day, Year)	
Kough M. Matt	m my	D283	352	► 1- <u>-</u>	21-90	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE KRISHAN M. MATI-		e 200 Cha	ula Prof	, Can	te	
					. 1	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMONE, IMARYLAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after Ogath. Peur or mount of the hosp	ar orgath. Price to make by the hosp
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fullyers had martin 72 hours after death with the State Deat, of Health and Mental Hyglene prior to burial, cremation, or removal.	the fugeral director, have 5 stroug be detached al.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner mult be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) CATHERINE E.	REICHERT				2. DATE OF DEATH	90 **	3. TIME OF DEATH 5:25A M	
	4. SOCIAL SECURITY NUMBER 213-20-6664	5. SEX 6. 1 [, M 2 X F	AGE (In yrs. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign Country) Marvland	
OR	9a. FACILITY NAME (If not Institution, give str GREATER BALTIMORI		CENTER	96. CITY, TOWN C	ON LOCATION OF OE	ATH	9c. COUNTY BAL	OF DEATH TIMORE	
DIRECTOR	100. STATE 10b. COUNTY Maryland B:	altimore		r, town on Local		-		10d. INSIDE CITY LIMITS? X 1 YES 2 X NO	
FUNERAL	10% STREET AND NUMBER 9911 Belair Ro	1.	•	101	21087	7	12	of what country?	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 HE STATE OF THE STATE OF	YES 2 XNO	If yes, sp	encent of HISPAN ecity Cuben, Mexicar 2 NO Specify		es or No— 14.	RACE — American Indien, Black, Whita, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12) 7 YIS.	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of Me. Do NOT u	-	ON set of working	166. KIND OF BU		'RY	
BE CO	17. FATHER'S NAME (First, Middle, Lest) John George	Reichert			Anna		Но		
5	190. INFORMANT'S NAME (Type/Print) Robert J. Reichert					gsville,Mo			
	20a METHOD OF DISPOSITION XIX Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	St. Michae			em. Per	ocation — city Cry Hal	or Town, State	
-	21. SIGNATURE OF FUNERAL SERVICE LIC	- 0			no adoness of fac Belair F	E.F.La	E.F.Lassahn Funeral Home d.Kingsville, Md. 21087		
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition	List only one cause				h ea cardlec or rea	piratory arrest	Approximete Interval Between Onset and Death	
7	resulting in deeth)	METASTA	TIC BREAS	T CANCE	ER .				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
ERTIF	that initiated events resulting in death) LAST	t	AS A CONSEQUENCE C	<i>r</i> -;					
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)								
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH	HOSPITAL: 1 Inpatient 2 El	R/Outpatient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)	INJURY OCCUR	NFO.	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Your) IN	M 1	YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	building, etc	UURY — At home, farm, . (Specify)	street, factory, offic	D. B.	281. LOCATION (Stree City or Town, Stel	e and Number or	Hurei Houte Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI							cause(a) and manner as stated.	
BE	1 1 1 1	ager	,		29c. LICENSE NUI	MBER		IGNED (Month, Day, Year) -3-90	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)					

CAUSE OF DEATH (ITEM 27) (Type, Print)

G. B. M. C. NEMAZEE

6701 NORTH CHARLES STREET

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JI LEITHUVAL	stic event, the medical examin	
dun,	the r	
l, creil	c event	
or to bundl,	aumatic	
or rearm and mercal hygiene prior i	m 28 is marked, or item 23 shows any injury, or other traumatic	
Merical	njury, or	
BILL BING	any i	
OT FIE	shows	
Dept.	1 23	
State	Item	
The	0	
its after death with the State Dept.	marked	
Ter of	22	
5 3	m 2	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND	MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEA	тн	3. TIME OF DEATH
	ARTHUR ROBINS	ďΝ			FEBRUA!	RY 4, 199	0 4:50 A M
		5. SEX 6. AGE (In yrs. les			7 DATE OF BIRT	н ав	SIRTHPLACE (State or Foreign
	5/13/13627	1 DM 2 DF 7/	YRS. MONTHS	DAYS HOURS MIN.	AOR, 1	8,1918	South Carolina
_	9a. FACILITY NAME (If not institution, give stre	et and number)		, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	MARYLAND GENERA	L HOSPITAL	В	ALTIMORE, M	ARYLAND		
<u>ଯ</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOWN C	OR LOCATION			10d. INSIDE CITY
E	marilmed		BALT	IMORE CITY			LIMITS?
	10a. STREET AND NUMBER	0		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ER	3106 TingA	Tark way		21215	_	U.	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVEN IN U.S. AR		WAS DECENDENT OF HISPA			RACE — American Indian,
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced.	FORCES? 1 YES 2 A		If yes, specify Cuban, Mexic 1 TYES 2 110 Speci		c.)	Black, White, atc.
	300					/	SIACK
ETE	15. DECEDEN'S EDUCA (Specify only highest grade co	ompleted) (G	CEDENT'S USUAL Of the kind of work done no NOT use retired.)	CCUPATION during most of working	16b, KIND C	F BUSINESS/INDÚST	RY
5	Elementary/Secondary (0-12)	College (1-4 or 5+)	4-5, 54	Grand But			
D BM	17. FATHER'S NAME (First, Middle, Last)	· /		18. MOTHER'S N	AME (First, Middle, N	Inden Sumame)	
O	Thomas k	philson		LPN	LOD	mano	0
BE	194. INFORMANT'S NAME (Type/Print)	/ 19	b. MAJLING ADDRESS	S (Street and Nurphyr or Rural	Route Number, City	or Town, State, Zip Coo	(6)
2	mrilesse at	nson 3	Job Tie	QA Parku	DALU BI	4/to. 9	21215
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov	20b. PLACE	OF DISPOSITION (N	of of cometery, crematery br	0 21	c. LOCATION — City	or Town, State
	4 Donation 5 Other (Specify)	ARI	bulus	mem. TATI	K	BAID, CO	· md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	22	NAME AND ADDRESS OF F	AGUTY SS /	-UNERA!	Home
ш	Hasanki L	Russ	2	220 44	with A	2	
	23. PART I. Enter the diseases, or co	mplications that caused the de	eath. Do not anter	the mode of dying, su	ch as cardiac or	respiratory arrest,	
	IMMEDIATE CAUSE (Final	at only one cause on each line	1.				Intarval Between Onset and Death
	disease or condition resulting in death)	Respiratory, I	Depressio	n			
		DUE TO (OR AS A CONSE	OUENCE OF):				
Z	Sequentially list conditions, b.	Oat, Cell Carc		Lung			
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE		a hear he			
CE I	CAUSE (Disease or injury that initiated events	Adeno Carcinor		Strate			
CERTIFICATION	resulting in death) LAST	52.3 10.20					
S	d.						
AL	PART II. Other algnificant conditions	contributing to death but not a	resulting in the ur	nderlying cause given in		AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC					101	ES 2 NO	OF DEATH?
							1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						
0	EXAMINER?	HOSPITAL:	OTHE				
ΙλS	1 YES 2 NO	1 Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		y) HOW INJURY OCCUR	En.
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	TOU. DESCRIBE	non moon occom	
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJURY — At he	ome, farm, street, fac		26f, LOCATION (Street and Number or F	tural Route Number
	4 Homicide 6 Could not be	building, etc. (Specify)			City or Town,		
COMPLETED	20a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my knowledge, de	anth populated at the	lime delta end eleva and de			
M	one)	: On the basis of examination and/or					use(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NO			GNED (Month, Day, Year)
8E	1/ POLL	1.0		LIGHT EIGHT E NO	or within 1		14/4 ()
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OEATH (ITE	M 27) (Type, Print)				
	RAHINA	m.D.	c/o MAR	YLAND GENERA	L HOSPIT	AL	
	31. DATE FILED (Month Cay, Year)	32 PEGISTRAR'S SIGNATURE					

	is certificate has been signed by the attending physician and completely filled in by the funeral director, page street manner or use as the burial-transit permit. Pages 1, 2, 3 should with the State Deat, of Health and Mental Motiene prior to burial, cremation, or removal.	
	Pages 1,	
	t permit.	
ysician.	irial-trans	
anding ph	as the bu	
In or aft	asn Jol	
4	١	Once.
I STATE		er must be notitied at once.
nay be	bage a	of be mo
Page 6 r	al director	ner mus
ter death.	the funer	al exami
hours af	led in by	medica
within 24	cremation	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
executed	n and cor to burial.	matic e
tificate be	physicia ene prior	ther trac
death cer	attending	ry, or 0
that the	ed by the	any Inju
requires	been sign	shows
V: The law	State Dep	Item 23
PHYSICIA	this certifi	ked, or
ENDING F	DR: After 1	3 is mar
D THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be united to attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Detar of Health and Mental Hogiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked
HOSPITA	FUNERAL within 72	TANT: If
10 THE	TO THE	IMPOR

30. NAME AND ADDRESS OF PER TSU-CHUN LIN,

M. D.

1990

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

377-B GAMERILLS ROAD

GAMBRILLS, MARYLAND 21054

												(30	02	945
	FOR STATE REGISTRAR		STATE OF M		DEPAR					MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, BESSIE		OUISE	TT III	3.5					2. DATE MONTH	OF DEATH	NY.	YEAR	3. TIME OF	DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	TUR		IF UNDER				02	OF BIRTH	1	90	108	AM M
1 15	214_35_2632	1 M 2XXF	56	YRS.	MONTHS	DAYS	IF UNDER	MIN.		03/193	3	Countr Ma	rylan	o or Foreign	
	9a. FACILITY NAME (If not ins			9b. CITY	, TOWN C	R LOCATI	ON OF DE			9c. COUN					
E E	NORTH ARUN				BURNI										
5	RESIDENCE OF DEC	EDENT			_				UE			_A.	4.	CUNT	
DIRECTOR		10b. COUNTY	Arundel			Y, TOWN		ION						10d. INSID	S?
	Maryland 100. STREET AND NUMBER	Anne	Arunaei			Serv		. ZIP COD							2 NO
FUNERAL	1794 Rich	ield f	rine				101		144				S.A	WHAT COUN	IRY7
NE I	11. MARITAL STATUS	1	12. WAS DECEDEN	T EVER IN U.S. AJ	RMED	13.	WAS DEC	ENDENT C	OF HISPAN	HC ORIGIN	? (Specify Yea			E — America	n Indien.
BY FL	Never Merried 2 1 1 Widowed 4 Divor	Married ced	FORCES? 1 IF YES, GIVE W	YES 2	¥o		If yes, sp 1 YES	2 XVO	n, Mexical Specify	n, Puerto F	lican, etc.)		Speci	k, White, atc	ack
	15. DECE	DENT'S EDUC	ATION	16a. Di	ECEOENT'S	USUAL C	CCUPATIO	ON		16b.	KIND OF BUS	SINESS/IND	JSTRY		
	Elementary/Secondary (0-	highest grade o	College (1-4 or 5 +	- Ith	Give kind of Do NOT u	se retired.)		st of workir	ng						
COMPLETED	High School				Pre	sser					Snyde	-	lea	ners	
00	17. FATHER'S NAME (First, Mic										fickfie, Maiden				
BE	Lewis Her								-		Ragler				
2	Mr. James 1		L	19	1 704	ADDRES	S (Street a	1 d T	or Rural F	Route Numb	er, City or Tow	n, State, Zip	Code)	2114	4 iryland
	2^s. METHOD OF DISPOSITION			20b. PLACE						, 00		CATION —			ii yeana
	6uriel 2 ☐ Cremation 4 ☐ Donation 3 X Other	Specify) EN	Wal from State	Meacle	(ace)										Co, Md.
	21. SIGNATURE OF FUNERAL					22.	NAME AT	ID ADDRE	SS OF FA	CILITY					
	1 4	1. 1	0.	1							mes, 1				Maryla
	23. PART I. Enter the dis	seeses, or co	omplications the	t coused the d	eeth. Do										roximate
	shock, or he IMMEDIATE CAUSE (Fine	art fellure. L	lst only one ceu	se on each lin	•.						·				val Between et and Death
	disease or condition resulting in death)	→ .	(and	Clopul	MON	aril	A	277	St						
	reading in death)		OUE TO	(OR AS A CONSE	EQUENCE O	F):		2	0						
Z	Sequentially list condition	one o	(on	ON ONY	h.	earl	di	420	al	-					
CERTIFICATION	If any, leading to immed cause. Enter UNDERLYII	late	DUE TO	Lete	OUENCE	II of	61.	, ,	LH	Jhe	fericin	Α -		5	43.
SE	CAUSE (Disease or injusted initiated events		DUE TO	(OR AS A CONSE	QUENCE C	F):	4	7	11/	11.7.	(1 1305			-	1
E	resulting in deeth) LAST														
S	DAPE II OIL IIII														
¥	PART II. Other algnificer	t conditions	contributing to	death but not	resulting	in the u	nderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR		246	MAILABLE	
ğ									_	-	1 TYES 2	NO		OF DEATH?	ON OF CAUSE
×										_				1 TYES	2 NO
A	25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE DE C	EATN (Ch	eck only on	e)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:			8 Othe					
PHYSICIAN: MEDICAL	27. MANNER OF OEATN		26a. OATE OF (Month, D	INJURY	28b. TII		28c. IN.	JURY AT		-	CRIBE HOW I	NJURY OCC	URED		
ВУ Б		Pending nvestigation	(MONII, D	wy, roary		M		YES 2	□ NO						
	3 Suicide 5 0	Could not be	28e. PLACE O building,	F INJURY - At h	ome, farm,	street, fac	tory, offic	•			ATION (Street or Yown, State)		or Aural	Route Numbe	M.
		- All Indinod													
COMPLETED	onel only		SAN: To the best of												
-	2 MEDI	CAL EXAMINER	3: On the basis of e	numination and/or	Investigati	on, in my	opinion, o	leath occu	red at the	time, date	and place, er	d due to th	e cause(a) and mann	er as stated.
00							44	A 144 (11)							
BE CO	29b. SIGNATURE AND TITLE	OF CERTIFIER							ENSE NUI	MBER	ĥ	29d. DATE	SIGNE	(Month, De	r, Year)

LAND 21203-3146

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	1 - FOR STATE OF MARY REGISTRAR	YLAND / DEPARTMENT CERTIFICATE		ENTAL HYGIENE REG. NO.					
4	1. DECEDENT'S NAME (First, Middle, Last)	Thom	Pson	2. DATE OF DEATH MONTH DAY	1 90 YEAR	3. TIME OF DEATH 5			
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AV 2 1 5 M 2 1 F	GE (In yrs. last birthday) PRS. IF UNDER 1 MONTHS	VEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	20 6. BIRT	HPLACE (State or Foreign			
IOR		HOSPITEL CENTER BALTIMORE CITY Baltimo							
DIRECTOR	100. STATE 100. COUNTY AMME ARUNT	10c. CITY, TOWN OR	LOCATION ADENIA			10d. INSIDE CITY LIMITS? 1 VES 2 NO			
	104 STREET AND NUMBER	DENIA MD	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 1. Was Decedent ever FORCES? 1 Y IF YES, GIVE WAR OF	ES 2XX10 If	AS DECENDENT OF HISPANIC yes, specify Cuben, Mexican, YES 2 TXNO Specify:		or No- 14, RAC Bla Spe	E – Americen Indien, ck, White, etc.			
COMPLETED E	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired)	iring most of working	16b. KIND OF BUS		10/11/12			
OMP	7 17. FATHER'S NAME (First, Middle, Last)	Supervis		E (First, Middle, Maiden S	ip Yard	·			
BE C		ompson	Olive			pson			
5	190. INFORMANT'S NAME (Type/Print) Shirley A. Thompson		Street and Number or Rural Ro 3th St., Pas			21122			
	20e. METHOD OF DISPOSITION 1 Spuriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOSITION (Nam other place) Knoxville Refor			EXTION - City or TOXVILLE,				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. N	AME AND ADDRESS OF FACI McCully Fune 3204 Mountai	ral Home o	of Pasad	ena			
	23. PART I. Enter the diseases, or complications that caushock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR A		ha mode of dying, such	as cardiac or respir	etory srrest,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING c. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to deat RUPTURED Abdemin				MED?	ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 W Input lent 2 ERA	OTHER							
BY PHYS	1 VES 2 NO 1 VES 2 ERA 27. MANNER OF OEATH 1 Naturel 5 Pending 2 Accident Investigation	RY 28b. TIME OF	ing Home 5 Residence 6 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED				
		URY — At home, farm, street, facto Specify)	ry, office	26f. LOCATION (Street a City or Town, State)	nd Number or Rura	I Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my k 2 MEDICAL EXAMINER: On the bests of examine					o(e) end manner se stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mi	29c, LICENSE NUME	031	29d. DATE SIGNE	3 90			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF			i	-				
	31. DATE FILED (Month, Day, Year) FEB 07 1990 Julia Davidson	HOWE							

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Feb. 4 1990 Louise B. Wedeman 3:50am 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 1908 (Month, Dey, Year) 1908 May 14, 1909 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 🔯 F 214-20-8951 81 YRS Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Manor Care - Rossville Baltimore DIRECTOR Rossville RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY LIMITS? Baltimore Md. Middle River 1 TYES 2 X NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1309 Chesapeake Ave. 21220 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 2 X NO 1 Never Merried 2 Merried Specify: ВҰ 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) Alexander Harting Anna BE 19s, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John Kuczinski 1309 Chesapeake Ave. Baltimore Md. 21220 20e. METHOD OF DISPOSITION

Lack Buris! 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION - City or Town, Stats Meadowridge Cemetery Baltimore. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300MaceAve. 21221 23. PART I. Enter the disesses, or complications that ceused the deeth. Do not sntsr the mode of dying, such as cardisc or respiratory srrest, shock, or heert fellure. List only one cause on each line. Approximste Interval Between Onset and Death IMMEDIATE CAUSE (Finel cuto. disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) onar Sequentielly list conditions, DUE TO (OR AS A CONSCOUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTYLER:
4 Nursing Home 8 Residence 8 Other (Specify) HOSPITAL: tient 2 ER/Outpatient 3 DOA 28b. TIME OF 27. MANNER OF DEATH 28s. DATE OF INJURY 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placs, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE ME 2/5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balsto KAHN.M. TUN Avenne. 1006 MD) Taylor

. 92. REGISTRAR'S SIGNATURE

permit. Pages 1, 2, 3 should use as the bunial-transit the hospital or attending physician. MARY AND 21203-3146 ĮQ, detached

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the filled in by ŏ nding physician and completely fille Hygiene prior to burial, cremation, executed within BOX 13146, law requires that the death certificate be

VITAL RECORDS,

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The

HOSPITAL

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traumatic CERTIFICATION signed by the attending physician. Health and Mental Hygiene prior to other 10 any injury, MEDICAL shows a has been s Dept. of H PHYSICIAN: 23 After this certificate I death with the State 0 marked, BY 99 FUNERAL DIRECTOR: within 72 hours after 28 Hem MPORTANT: II

ment permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. Page 6 may be retained by the hospital or an TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for unbe filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR STATE REGISTRAR		STATE OF N				HEALTH AND F DEATH	MENTAL	HYGIEN REG. NO	_	
1. DECEOENT'S NAME (First,	Middle, Last)	W.H.	ITTIE				2. DATE O	F DEATH D	2 - 19	S. TIME OF DEATH
4. SOCIAL SECURITY NUMB		5. 9EX	6. AGE (In yrs. le		IF UNDER 1 YEA		7. DATE O	_		BIRTHPLACE (State or Foreign
578 34 - 72		1 D M X X F	63	YRS.	MONTHS DAY		10-	06-2		PA.
9a. FACILITY NAME (If not int	thution, give st	reet and number)	11	20 1	9b. CITY, TOW	N OR LOCATION OF I	HTABO		9c. COUNTY	OF DEATH
RESIDENCE OF DEC	PORT!	and IP	SPIKE	Cedy	CAL	uponi	mO.		1.60	cory;
10s. STATE	10b. COUNTY				TOWN OR LO					10d. INSIDE CITY LIMITS?
MD 10s. STREET AND NUMBER	Pri	nce Geo	rges	Su	itlan	10f, ZIP CODE			1	1 X YES 2 NO
	ov D1	00 = Am4	015							
3940 Bexb	ey Pi	12. WAS DECEDEN	T EVER IN U.S. AI			20746 DECENDENT OF HISP	ANIC ORIGIN?			ted States RACE - American Indian,
1 Never Married 2 X 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	YES 2)(NO		apecify Cuban, Mexic (ES 2 X NO Spec		can, etc.)		Black, White, etc. Specify:
		247/04	Las n		1					Black
(Specify only	highest grade	completed)	(0		SUAL OCCUP ork done during retired.)	most of working	16b.	KIND OF BU	SINESS/INDUS	TRY
Elementary/Secondary (0	14)	College (1-4 or 5	7		ewife				N 2	A
17. FATHER'S NAME (First, MI	ddle, Last)					16. MOTHER'S N	IAME (First, M	ddie, Maiden		
Charles R		son e					lott			
19a. INFORMANT'S NAME (7)			16	b. MAILING	ADORESS (Stre	et and Number or Rurs	I Route Numbe	r, City or Tow Ne	W Por	t News,
Stoven D.		ttle		116	Whit	ewater	Drive	Va	rgina	23602
20a. METHOD OF DISPOSITION 1 Burlel 2 (A Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) CedarHill 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Suitla										
1. SIGNATURE OF FUNERAL		ENSEE		Ceda	22. NAME	AND ADDRESS OF I				
6/2	13	Mar	/			. Jenki 74 Land				
Sequentially list conditi if sny, leading to immediate. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS	ons, illata NG ry	b DUE TO	(OR AS A CONSE	QUENCE OF);	with ple				
		d								
PART II. Other significa	nt condition	a contributing to	death but not	resulting is	the underl	dno cause olvan i	n Part I.		AUTOPSY	
				ring cades given		FERRO		24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO		
						ying cause given		1 YES	4 .	AVAILABLE PRIOR TO
						ying cause givan			4 .	AVAILABLE PRIOR TO COMPLETION OF CAUS
2× WAS CASE DEFENDED TO	MEDICAL				200			1 TYES	4 .	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER?) MEOICAL	HOSPITAL:	E9/Distractions		OTHER:	. PLACE OF DEATH (1 TYES	4 .	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
EXAMINER?) MEOICAL	1 Dinpatient 2 D	INJURY	3 DOA	OTHER: 4 Nursing I	. PLACE OF DEATH (to the control of	8 🗆 Other	1 TYES (4 .	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5) MEOICAL Pending neestigation	1 X inpatient 2	INJURY	3 DOA	OTHER: 4 Nursing I OF 28c.	. PLACE OF DEATH (I	8 🗆 Other	1 TYES (NO	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide a	Pending	28a. DATE OF (Month, D	INJURY	28b. THAE	OTHER: 4 Nursing I OF 28c. JRY 1	I. PLACE OF DEATH (I	28d. DES	1 YES (INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 2 Accident 3 Suicide a 4 Homicide 29a. CERTIFIER (Check only)	Pending nvestigation Could not be determined	28a. DATE OF (Month, L	FINJURY PFINJURY — At h etc. (Specify) my knowledge, d	28b. TIME	OTHER: 4 Nursing I OF 28c. INY M 1 Ireet, factory, c	INJURY AT WORK? YES 2 NO	28d. DESt	1 YES ((Specify) (Specify) THON (Street r Town, State,	and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO REO Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide a 4 Homicide 29a. CERTIFIER (Check only one) 2 MED	Pending nvestigation Could not be determined IFYING PHYSI CAL EXAMINE	28a. DATE OF (Month, L 28a. PLACE OF building, CIAN: To the basis of a	FINJURY PFINJURY — At h etc. (Specify) my knowledge, d	28b. TIME	OTHER: 4 Nursing I OF 28c. INY M 1 Ireet, factory, c	INJURY AT WORK? YES 2 NO	28d. DES4 28f. LOCA City of	1 YES ((Specify) (Specify) THON (Street r Town, State,	and Number or	AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO REO Rural Route Number, cause(a) and manner as stated
1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide a 4 Homicide 29a. CERTIFIER (Check only)	Pending nvestigation Could not be determined IFYING PHYSI CAL EXAMINE	28a. DATE OF (Month, L) 28a. PLACE C building. CIAN: To the best of a	INJURY PF INJURY — At h etc. (Specify) my knowledge, d examination and/or	28b. TIME 28b. TIME (NJ) ome, farm, si leath occurre investigation	OTHER: 4 Nursing I OF 28c. RY M 1 Irreet, factory, c d at the time, n, in my opinio	I. PLACE OF DEATH (I) Home 5 Residence INJURY AT WORK? YES 2 NO Wifflice data and place, and d in, death occured at ti 29c. LICENSE N	28d. DES4 28f. LOCA City of	1 YES ((Specify) (Specify) THON (Street r Town, State,	and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO REO Rural Route Number, cause(a) and manner as stated
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 4 Homicide 29a. CETIFIER (Check only one) 2 MED	Pending nvestigation Could not be determined IFYING PHYSI CAL EXAMINE	28a. DATE OF (Month, L 28a. PLACE OF building, CIAN: To the basis of a	INJURY PF INJURY — At h etc. (Specify) my knowledge, d examination and/or	28b. TIME 28b. TIME (NJ) ome, farm, si leath occurre investigation	OTHER: 4 Nursing I OF 28c. RY M 1 Irreet, factory, c d at the time, n, in my opinio	I. PLACE OF DEATH (I) Home 5 Residence INJURY AT WORK? YES 2 NO Wifflice data and place, and d in, death occured at ti 29c. LICENSE N	26f. LOCA City of us to the cause to the cau	(Specify) RIBE HOW TION (Street r Town, State)	and Number or	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO REO Rural Route Number, Deuse(a) and menner as stated in the completion of t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		(ERTIF					MENIA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN			3. TIME OF DEATH
Minnie	H. W	riaht						MONT 2	н _{Бм}	199	YEAR	М
	SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH h, Day, Ybar) 1		6. BIRTH	IPLACE (State or Foreign
220-20-7589	□ M 2 📈 F	62 6	3 YRS.	MONTHS	DAYS	HOURS	MIN.	2-	- 20- 19	4	Countr	" S. C.
9a. FACILITY NAME (If not institution, give street	and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE				NTY OF D	
2824 Brighton	Stree	t.		Ba 1	ltimo	re						
RESIDENCE OF DECEDENT	. 00.00			Du	1011110							
10a. STATE Md 10b. COUNTY			Ba 1	time	or Locati	ION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER			-		10f.	ZIP CODE	Ē			10g. CIT	IZEN OF V	VHAT COUNTRY?
2824 Brighton Str	eet					21	216				US	A
	. WAS DECEDEN	T EYER IN U.S.	ARMED	13.		ENDENT O	F HISPAI		N? (Specify Yea	or No-	14 DACE	- American Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	NO		If yes, spe 1 TES		n, Maxica Specif		Rican, etc.)		Speci	h, White, etc.		
15. DECEDENT'S EDUCATI	ON	16a.	DECEDENT'S	USUAL C	OCCUPATIO	N .		168	. KIND OF BUS	INESS/IN	DUSTRY	Diack
(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 5		(Give kind of life. Do NOT u	work done	during mos		g					
ziementary/secondary (u-12)	onege (I-4 or 5	"							City	of B	alti	more
17. FATHER'S NAME (First, Middle, Lest) Prince Humph	irey, S	r				16. моті Мас	kie	ME (First, Myer	Middle, Maiden	Surname)		
19a. INFORMANT'S NAME (Type/Print)			405 MAII IN	ADDRES	OC (Charact -	and Mirambar	as Donal	Davida Muse	has Obsess Town	Ot-to Ti	- Codel	
Michelle Stokes			6106	The	e Ala	meda	Ba	altin	nore, M	ld 21	239	
20a, METNOD OF DISPOSITION 1VA Buriel 2 Cremation 3 Ramoval 4 Donation 5 Other (Specify)	from State	WOO	CE OF DISPO	ceme	eterv	netery, cren	natory or				city of To	
IL SIGNATURE OF FUNCTIAL SERVICE LICENS	SEE	,					SS OF FA	CILITY			, -,	
· Kall	nau	ch			Varch 4300			Vest 1 Ave	enue			
23. PART - Enter the diseases, or com	plications the	t caused tha	daath. Do	not anta	r tha mo	da of dy	ing, suc	h sa car	diac or respir	ratory sr	rest,	Approximata
shock, or heart failure. List IMMEDIATE CAUSE (Final	only ona car	ise on aach i	ina.									Interval Between Onset and Death
	Meto	static	DUR	VIAL	A CO	Unce	- 1	Stace	210)			245
resulting in deeth) s	DUE TO	(OR AS A CON	SEQUENCE C	F):				-				+ -J'>
Sequantially list conditions, If any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE C	F):								
csuse. Enter UNDERLYING												
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CON	SEOUENCE C	F):								
resulting in desth) LAST												
DART II Oak or stankinger and disease		4	4 . 44								T	
PART II. Other significant conditions c	ontributing to	death but no	ot resulting	in tha U	maarrying	csuse	given in	Part I.	24s. WAS AN PERFOR		246	AWAILABLE PRIOR TO
									1 [] YES 2	NO		COMPLETION OF CAUSE OF DEATH?
										-		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:					ACE OF O	EATN (C/	eck only o	ne)			
0/	☐ Inpatient 2 (☐ ER/Outpetient	3 🗆 DOA	4 A Nu	::R: ursing Hom	6 5 X R	asidenca	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE Of (Month, I		28b. TII	ME OF	26c. INJ	URY AT		28d. DE	SCRIBE NOW II	NJURY OC	CUREO	
1 Naturat 5 Pending 2 Accident Investigation	(-,,	"	М		res 2	NO					
3 Suicide 6 Could not be	28e. PLACE (OF INJURY — Al	home, farm,	street, fe	ctory, offic	•			CATION (Street a	and Numbe	or Aural	Route Number,
4 Homicide detarmined	Sumarity	- res (opposity)						Only	or Town, State)			
29a. CERTIFIER 1 CERTIFYINO PHYSICIA	N: To the best o	f my knowledge	death occur	rad at the	time date	and place	and du	to the co	use(s) and man	nor on all	ted	
(Check only one) 2 MEDICAL EXAMINER: (a) and menner sa stated.
29b. SIGNATURE/AND TITLE OF CERTIFIER	. /		1965/		744.C.N.C.							
SOM SIGNAL ONLY AND THEE OF GENTIPIER	the						ENSE NU			296. DA	ie aiGNEL	217/89
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAL	SE OF OFATH	ITEM 275 /5~	a Printi								
Jeffrey Abrams	. U. H	d. Canci	er Cf	r ₁ 2	25.	Green	e S	7.	Balt	0,1	1d. i	21201

BALTIMORE, MARYLAND 21203-8 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ars after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILED MANUEL DE 10 7 1990

32. REGISTRAP'S SIGNATURE And Dandell

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		CERTIFICA	TE OF DEATH	MENTAL HY	G. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	. ^		LLIAMS.	2. DATE OF D	EATH	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rrs. lest birthday) IF U	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BI	RTH 6.1	BIRTHPLACE (State or Foreign
216-62-4357		3 YRS. MON			7-56 1	SAHO, MD.
SETON HOLL A	PANOR SOIW.		CITY, TOWN OR LOCATION OF	MD	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY
MD		B	Altimore			1 Pres 2 No
754 Dolphin	1 84.		101. ZIP CODE 2 / 2	17	10g. CITIZEN	1,5,A.
11. MARUTAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISE If yee, specify Cubar, Max	can, Puarto Rican,		RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TES 2 TAIO Spe			BLACK
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work of life. Do NOT use reti	ione during most of working	16b. KINE	OF BUSINESS/INDUST	
12. FATHER'S NAME (First, Middle, Last)		LAB	ORER		ONSTRUC	TION
	bin	West J.	Shir	NAME (First, Middle,	Villiams	Jones
19a. INFORMANT'S NAME (Type/Print)	0.4	196. MAILING ADD	RESS (Street and Number or Rur	al Route Number, CI	ty or Town, State, Zip Co	to)
20a. WETHOD OF DISPOSITION	20b. P	LACE OF DISPOSITIO	N (Name of cemetery, crematory of	7	20c. LOCATION — City	or Town, State
4 Donation 5 Other (Specify)	ENGEE	West	22. NAME AND ADDRESS OF	EACILITY	Catoner	le, ra
* Yala	Mari	1	march 4200 4	June	al Typy	e. 0-1215
23. PART I. Enter the diecesee, or canock, or heart feiture.	omplicatione that caused to		nter the mode of dying, s	uch as cerdiac i	or reepiratory arrest	
IMMEDIATE CAUSE (Finel disease or condition	- 1	Zerist.	Tenson	1 40000	· Co	Onset and Death
resulting in deeth)	DUE TO (OR AS A C	ONSEQUENCE OF:	0		J ,	
Sequentielly liet conditione, if eny, leeding to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):	5			
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):				
resulting in deeth) LAST	-					
	d					
PART II. Other algnificent condition	e contributing to deeth but	not reaulting in th	e underlying ceuse given	In Part I. 24s.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PART II. Other algnificent condition — AWEM	contributing to deeth but	not reaulting in th	e underlying ceuse given			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificent condition — AWEM	e contributing to deeth but	not resulting in th	e underlying ceuse given		PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH	1 Check only one)	PERFORMED? YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- A-VEY	HOSPITAL: 1 Inpatient 2 ER/Outpett	ant 3 DOA 4 28b. TIME OF	28. PLACE OF DEATH (HER) LNGraing Home 5 Residence 28c. INJURY AT	Check only one)	PERFORMED? YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Outpett 26a. DATE OF INJURY (Month, Dey, Year)	ant 3 DOA 4 DOA 4 DOA NJURY	28. PLACE OF DEATH (HER) L-Moraing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one) a 6 Other (Spe	PERFORMED? YES 2 NO PORTO NO NO NO NO NO NO NO NO NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outpett	ant 3 DOA 4 DOA 28b. TIME OF	28. PLACE OF DEATH (HER) L-Moraing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	Check only one) a 6 Other (Spe	PERFORMED? YES 2 NO Notify) E HOW INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accidant Investigation 3 Suicide 6 Could not be 4 Homicide 6 Could not be 4 Homicide 6 Could not be 6 CASTIFIER (Check only	HOSPITAL: 1 Inpatient 2 ER/Outpeti 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	ant 3 DOA 4	26. PLACE OF DEATH HERD LNtdraing Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO I, factory, office	Check only one) a 6 Other (Spe 28d, DESCRIB 28f. LOCATION City or Tow	PERFORMED? YES 2 NO NOINY) E HOW INJURY OCCUR N (Street and Number or vn, State) and manner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO FOR THE PRIOR TO PRIOR
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE ANO CITTE OF CERTIFIES	HOSPITAL: Inpatient 2 ER/Outpett 26a, DATE OF INJURY (Month, Dey, Year) 28e, PLACE OF INJURY building, stc. (Specify, Spe	ant 3 DOA 4 DOA 28b. TIME OF INJURY At home, farm, street	26. PLACE OF DEATH (HER) LNOTAING Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO , factory, office the time, data and place, and comy opinion, death occurred at a second control of the course of the co	Check only one) a 6 Other (Special Color of Towns on the cause(a) the time, data and the cause of the cause	PERFORMED? YES 2 NO Notify) E HOW INJURY OCCUR (Street and Number or vn, State) and manner as stated. place, and due to the c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RURAL Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE ANO CITTE OF CERTIFIES	HOSPITAL: Inpatient 2 ER/Outpett 26a, DATE OF INJURY (Month, Dey, Year) 28e, PLACE OF INJURY building, stc. (Specify, Spe	ant 3 DOA 4 DOA 28b. TIME OF INJURY At home, farm, street	26. PLACE OF DEATH (HER) LNOTAING Home 5 Residence 26c. INJURY AT WORK? M 1 YES 2 NO , factory, office the time, data and place, and comy opinion, death occurred at a second control of the course of the co	Check only one) a 6 Other (Special Color of Towns on the cause(a) the time, data and the cause of the cause	PERFORMED? YES 2 NO Notify) E HOW INJURY OCCUR (Street and Number or vn, State) and manner as stated. place, and due to the c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RURAL Route Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely, and in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

> RUBENTREIDER 31. DATE FILED (Month, Day, Year) FEB 0 7 1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Savidson Randoll

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29b. SIGNATURE AND TITLE OF CERTIFIER

MICHAE D.

31. DATE FILED (MONth, Day, Year)
FEB 0 7 1990

X1		. Pages 1, 2, 3 should	
03-3146	intending physician.	se as the butal-transit permit	
BALTIMORE, MARY AND 21203-3146	to retain by the house or	e s suffer Consultant	notified and
BALTIMORE,	urs after death. Page 6 may 5	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, mays 5 strong and decident and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified.
30X 13146,	cate be executed within 27 110	TOR: After this cartificate has been signed by the attending physician and completely filled in by the fi after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	ir traumatic event, the m
ECORDS, P.O.	requires that the death certific	sen signed by the attending p of Health and Mental Hyglen	shows any injury, or other
ISION OF VITAL RECORDS, P.O. BOX 13146,	INDING PHYSICIAN: The law	R: After this certificate has by or death with the State Dept.	is marked, or item 23 ;

							9	0 (02951
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL ATE OF DE		ENTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Lest)	WILLIAMS			2	DATE OF DEATH DAY		3. TI	ME OF DEATH 3:30 PM
	4. SOCIAL SECURITY NUMBER Z/Z-/8-0630	5. SEX 6. AGE		UNDER 1 YEAR # U	IRS MIN.	Month, Day, Year)	8. 1		E (State or Foreign
TOR	9e. FACILITY NAME (If not inetitution, give at	reet and number	LOCH 90 RAVEN	BAKTIMOK	_	74	9c. COUNTY	OF DEATH	315
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	,		own or Location				104.	INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER 3026 Edmondson A	ve.		101. ZIP	CODE 223		U.S.	OF WHAT	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 A YES IF YES, GIVE WAR OR D World War I	ATES	If yes, specify		ORIGIN? (Specify Yes Puerto Rican, atc.)	or No- 14.	Black, White Specify:	merican Indian, ite, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) College (1-4 or 5+)	16e. OECEDENT'S USI (Give kind of work life. Do NOT use re Domestic	UAL OCCUPATION done during most of vitred.)	working	Self Em			
BE COMI	17. FATNER'S NAME (First, Middle, Last) Arther Williams			MOTHER'S NAME	(First, Middle, Malden S Henson				
TO 8	19a. INFORMANT'S NAME (Type/Print) Antoinette Johns		altimore,			21223			
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	b. PLACE OF DISPOSITION OTHER PLACE) CROWNSVILLE	e Veteran 22. NAME AND AD 2501 GW	S Cemet ODRESS OF FACILITY TYNNS FA		Funer	e, Ma	aryland
	IMMEDIATE CAUSE (Final	List only one ceuse on e	each Yina.	anter the mode o				,	Approximate Interval Between Onset and Death
TION	Sequentisity list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						1 DAY
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DEHYDRATIO	A CONSEQUENCE OF):						3-40A45
MEDICAL C	PART II. Other aignificant condition //Y/PSEGLYCEM/A			the underlying cau	use given in Pa	PERFORI	MED?	AMAIR COMI OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE JEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE THER: Nursing Home 5	OF OEATH (Check			l.,.	
ВУ РН	2 Accident Investigation M 1 YES 2 NO							RY OCCURED	
LETED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. CERTIFIER COUNTY Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								vumber,
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my known		in my opinion, death	occured at the tin	ne, date and place, end		ause(s) and	manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	,00	1	29c	LICENSE NUMBI	ER O O O O	29d. DATE SI	GNED (Mon	th, Day, Year)

OF DEATH (ITEM 27) (Type, Print)

VAMC

32. REGISTRAR'S SIGNATURE

AU 4176435AP2022

LOCH RAVEN BLVD

5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should aned by the hospital or attending physician. the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aus after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distribed filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner

MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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event,	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR		STATE OF N		/ DEPAR					IENTAL	REG. NO.	E			
1. DECEDENT'S NAME (First	, Middle, Last)				IOAIL	. 01	DEAT		2, DATE C	OF OEATH			3. TIME OF DEATH	
A	LEXANI	DER	WI	RIGHT,	SR.				HTHOM	RUARY		1990	7:50 P	м
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER 24	4 HRS.	7. DATE O (Month,	F BIRTH Day, Year)		8. BIRTHI Country	PLACE (State or Foreig	gn
261-14-8461		1)(M 2 F	76	YRS.						14/13			GA	
9a. FACILITY NAME (If not in		,			9b. CITY,	TOWN O	R LOCATION	OF DE	ATH		9c. COU	NTY OF DE	HTA	
THE JOHNS		S HOSPIT	AL		BAL	TIMO	RE C	ITY			BAI	TIMO	RE	
RESIDENCE OF DEC	10b. COUNTY	r		10c. CIT	Y, TOWN O	R LOCATI	ON						10d, INSIDE CITY	\neg
MD				E	BALTI	MORE							LIMITS?	,
10e. STREET AND NUMBER						10f.	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	\neg
1913 E. NO	RTH AV	/ENUE					21213	3			l	JSA		
11, MARRITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo	•	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	l H	yes, spe	NDENT OF city Cuban, 2 NO	Maxican	, Puerto Ri	(Specify Yealcan, etc.)	or No—	14. RACE Black Specif	- American Indian, , White, etc. y: BLACK	
	EDENT'S EDU		18a. 1	DECEOENT'S	USUAL OC	CUPATIO	N		16b.	KINO OF BUS	SINESS/IN	DUSTRY	DLACK	-
Elementary/Secondary (ly highest grade 0-12)	completed) College (1-4 or 5		(Give kind of life. Do NOT u	work done d se retired.)	luring mos	t of working							
6th				BR	RAKEM	AN				ETHLE		STEEL		
17. FATHER'S NAME (First, A NA	fiddle, Last)						16. MOTHE	NA	AE (First, Mi	iddle, Maiden	Surname)			
190. INFORMANT'S NAME (IMORE.		212	13	
20a. METHOD OF DISPOSIT		:	20h PLAC	E OF DISPO					DALI			City or To		-
1 Surial 2 Crematic		ovat from Stata	other	Place) TERN								/ILLE		- 1
21. SIGNATURE OF FUNERA		CENSEE	1112	Z I LIVIN			D ADDRESS		ILITY	UN	101131	11111	, 110	\neg
French	رد	1 h	5		WM	. C.	MAR	CH F	/H 1	101 E	. NOF	RTH A	VENUE	
23. PART I. Enter the d	liseases, Dr	complications the	t coused tha	death. Do	not enter	the mod	de of dyin	g, such	aa cardi	ec or respi	retory as	reat,	Approximate	
ahock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in deeth)	eert fellure.	Liet only one ceu	redu	lae	a	N	here	Su	ia	4			Onset and D	
resulting in death)		DUE TO	(OR AS A CONS	SEQUENCE O	PF):		0				_		-	
Sequentially list condit	tions.	b. Re	nae	fa	rei	re							JMOS	
If any, leading to Imme cause. Enter UNDERLY	dlata	DUE TO	OF AS A CONS	SEQUENCE O	NF):		574	1					15,000	200
CAUSE (Disease or Injuthat Initiated events		c. DUE TO	(OR AS A CONS	SEQUENCE O	rfi:	rec	10 10	1_					1390	200
resulting in death) LAS	т												"	
		0											1	
PART II. Other eignifica	ant condition	a contributing to	death but no	t reaulting	in the un	derlying	ceuse gl	ven in i			MED?	24b.	WERE AUTOPSY FIND AVAILABLE PRIOR TO	
- 20	1040	otio	1)						-	1 TYES 2	NO		OF DEATH?	/SE
1	700	ruca							-				1 YES 2 NO	
25. WAS CASE REFERRED 1	TO MEDICAL	1				26. PL	ACE OF DE	ATH (Che	ick only one))	-			_
EXAMINER? 1 YES 2 NO	_	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	₹:	5 🗆 Res							
27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. Ttl	AE OF	28c. INJU	JRY AT			CRIBE HOW I	NJURY O	CURED		\dashv
1 Neturel 5 2 Accident	Pending Investigation	(Month, E	ray, rodr)	IN	JURY	1 Y	ES 2	NO						
3 Suicide 6	Could not be	28a. PLACE C	F INJURY — At etc. (Specify)	home, farm,	street, fact	ory, office				TION (Street or Town, State)		or or Rural F	Route Number,	\neg
4 Homicide	detarmined	-							,	, =				
(Crisck Only	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated.													
29b. SHONATURE AND TITLE	e of certifie	MB.					29c. LICEN	43	IBER	. =	29d. DA	TE SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAU		TEM 27) (Typ)		CU	15 1	40.	SPI	TAL	- 2	BACT	Maci	c.
"FEB 07 19	90 4	32 REGISTRA	A HONOL	Ĺ										

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	N
		C	Ε	RTIFICATE	0	F DEAT	H		REG. N	0

	STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Chester Wight Chester Stanley Weath 2 5 90 12:49 PM										
	4. SOCIAL SECURITY NUMBER 218-09-0853 5. SEX 1 M 2 G F 7 / YRS. 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 14 HRS. 7 / YRS. 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 14 HRS. 7 / YRS. 7 / YRS. 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 14 HRS. 7 DATE OF BIRTH (Month. Day, Year) OS 07 18 8. BIRTHPLACE (State or Foreign Country) Delaware										
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
OR	Francis Scott Key Medical Center Baltimore (ity										
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
	Md. Baltimore 1 XYES 2 NO										
FUNERAL	100. STREET AND NUMBER 413 Joplin Street 101. ZIP CODE 21224 109. CITIZEN OF WHAT COUNTRY? U.S.A.										
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 5 Never Married 2 Married 7 Never Married 2 New Married 8 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 9 Never Married 12. Was Decembert of Hispanic Origin? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. Was Decembert of Hispanic Origin? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. Was Decembert of Hispanic Origin? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. Was Decembert of Hispanic Origin? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) // College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5-) College (1-4										
BE CON	17. FATHER'S NAME (First, Middle, Last) Stanley Wiatr 18. MOTHER'S NAME (First, Middle, Maiden Surname) Theofilia										
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MARLING ADDRESS (Street and Number or Rural Poure Number, City or Town, State, Zip Code) Julia L. Wiatr 413 Juplin Street Balto., Md. 21224										
	20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametary, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Eastern Ave.										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death										
N	Sequentially list conditions, Due to (or as a consequence of): COKONARY ATHOMO SCLUTROSIS Due to (or as a consequence of):										
ATIC	couse. Enter UNDERLYING ATHMOSCI. MOTIC MASCULAD DISCIPLASITE										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL	ATRIAL FIBRILLATION STROKE PERFORMED? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ВУ РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Diny, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED										
	2 Accident Investigation 3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Rown, State) 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)										
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL SEAMINES: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
BE	296. EliGNATURE AND TITLE OF CENT PIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 296. 296. DATE SIGNED (Month, Day, Year)										
5	DAVIO BUSH MD, 4940 EASTBRN AVE BARD \$1224										
	31. DATE PLED WORLD DON. YOUT 1990 Julie Devidson Rendered										

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permit.

LAND 21203-3146

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	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	LECTOR: After this certificate has been signed by the attending physician and completely filled in by the	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova
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29b. BIGNATUS

BE 2 AND TITLE OF CERTIFIER

WHO COMPLETED CAUSE OF DEATH (1784 27) 1000, 115

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH WArner 10 7. DATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. -8695 1 X M 2 - F MARYLAND YRS. 10 9a. FACILITY NAME (If not institution, give street and number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Are DIRECTOR DALI NSWE RESIDENCE OF 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1 WES 2 NO 7 19g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 9 21204 USA D WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify_Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 1 Never Married 2 Marr IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 N Widowed 4 Divorced WHITE COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Spe College (1-4 or 5+) FOREMAN BETHLEHEM STEEL 3RD 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AMANDA BOLLINGER JAMES WARNER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 604 W. 36th STREET., BALTIMORE, MARYLAND 21211 HELEN KELLER 20a. METHOD OF DISPOSITION
1 ☑ Burtal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State OAKLAND METHODIST CHURCH CEM. CARROLL CO., MD. Donation 5 Other (Specily) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mar Heit ALAN SEITZ, JR. FUNERAL HOME 3615-19 CHESTNIT AVE BALTO 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final f the biliary hee diseese or condition resulting in deeth) mexth DUE TO (OR AS A CONSEQUE CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? PERFORMED? NIDDM 1 TYES 2 NO 1 TYES 2 TO NO F Colon resected PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER:
4. Nursing Home 5 - Residence 6 - Other (Specify) 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Sulcide ED. 6 Could not be 4 Homicide COMPLET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the stigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated

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29d, DATE SIGNED (Month, Day, Year)

29c. LICENSE NUMBER

a the napital or attending physician.	in permit for use as the build-transit permit. Pages 1, 2, 3 should	in whom
The state of	9	
The law requires that the death certificate be executed within the same death. Page 6 may be around the month of introduced in the same properties.	te has been signed by the attending physician and completely filled in by the funeral director, page stated to proper the use as the build-transit permit. Pages 1, 2, 3 should have not keemal thysing and keemal thysing and completely printed printed or removal.	om 23 shows any injury, or other traumatic event, the medical examiner must be notify an enter

31. DATE FILED (Month, Day, Year) 1990

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF			AL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Yodri	5			2, DA' MOI	1 -	- 9"	EAR	TIME OF DEATH	
	211 112 1111-	5. SEX (6. AGE (in yrs. last birthday)	IF UNDER I YEA			FE OF BIRTH With, Day Year) 1 4/3/2	3	Country)	ACE (State or Foreign	
OR	On V. of Mary	and humber) Hosp	lati	96. CITY, TOW	OR LOCATION	on of DEATH) 21201	9c. COUNTY	OF DEA	TN	
DIRECTOR	RESIDENCE OF DECEDENT /	3×14iorox		Y, TOWN OR LO	CATION	INAL	ν			od. INSIDE CITY LIMITS?	
AL	10s. STREET AND HUMBER 8434 Cove N	II.			101. ZIP COD	2122	2	10g. CITIZEN		AT COUNTRY?	
BY FUNER	- Mary Control of the	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If you	epecify Cubs	Mexican, Puari	GIN? (Specify Yea o to Rican, atc.)	or No- 14.	RACE - Black, Specify:	- American Indian, White, etc.	
1	15. DECEDENT'S EDUCA (Specify only highest grade or Elementery/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	work done during se retired.)	most of workli	ng i	16b. KIND OF BUSI	NESS/INDUST	TRY	011	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		VADO	perv		HER'S NAME (Firs	at, Middle, Maiden S	umame)	. C =	1101	
TO BE	19a, JNFORMANT'S NAME (Type/Print)	, 1/	4 1 41	ADDRESS (Stre	et and Number	or Rural, Boyta N	umber, City or Town,	State, Zip Co	>0	wich	
F	LUCRICTIA DELORES CODRIS 8434 COVE Kd. BUNDALIK MAZIZZZ 20s. MENDO OF DISPOSITION 1 © Burlet 2 © Cremetton 3 © Removal from State 20b. PLACE OF DISPOSITION (Name of complex), agricultury or 20c. LOCATION — City or Town, State A DELORES CODRIS 8434 COVE Kd. BUNDALIK MAZIZZZZ 20s. MENDO OF DISPOSITION 1 © Burlet 2 © Cremetton 3 © Removal from State 20b. PLACE OF DISPOSITION (Name of complex), agricultury or 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State										
	1 Burtel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	/	105+ A	6/1/ /	ELI C	CHCR 88 OF FACILITY	Cen. E	3AK	-114	oze 14d	
	E Jaune	1/ Zas	unia	1. J	250gh	S. Con	Kling	St.	2	224	
	23. PART I Enter the greenes, of complications that caused the death. Do not enter the mode of dying, such as cardiac or peopleatory arrest, shock, or heart fallure. Let only one cause on each line. IMMEDIATE CAUSE (Final									Approximate Interval Between Onset and Death	
	disease or condition resulting in death)	DUE TO (OP) AS	A CONSEQUENCE O	1 Ken	pinto	1 Am	st_				
TION	Sequentially list conditions, If any, leading to immediate	DUE TO JOR AS	ري) CONSEQUENCE O	P]:							
RTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE O	r):							
CE	PART II. Other significant conditions	contributing to death a	out not resulting	In the under	ying cause	given in Part I				WERE AUTOPSY FINDINGS	
MEDICAL	Unknow	ν _Λ					PERFORMED? 1 □ YES 2 □ NO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?	
										1 ☐ YES 2 M NO	
PHYSICIAN:		HOSPITAL:	patient 3 XpoA	OTHER:		esidence 6 0					
BY PHY	II I I VEC A NO. 1								RED		
ED	3 Suicide 8 Could not be detarmined detarmined 28a. PLACE OF INJURY — At home, term, street, factory, office 28a. LOCATION (Street and Number or R building, atc. (Specify)								Rural Ro	ute Number,	
OMPLET	ana)	IAN: To the best of my know: On the best of examination								and mariner as stated.	
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	2011- N	D	tal .	28c UC	375	21	29d, DATE S	2/4	Month, Day, Wars	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	FATN STEM 270 (750)	e Print)	- (100		- 0	1	1,,	

DEATN (TYPO, Print)

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Rondoll

DHMH-t6 Rev t/89

Jean ?

	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
vai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
he funeral director.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director
er death. Page 6 m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mil
BALTIMORI	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF I							MEN					
	1. DECEDENT'S NAME (First, Middle, Last)												3. TIME OF DEAT	N
	Margaret V	eronica S	Snowden	YOUN	G								Q. 10D	М
	4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER				7. D	ATE OF BISTN		A BIRTI	NPI ACE (State or Fo	reign
	214-28-4931	1 □ M 2 🗙 🗙	76	YRS.	MONTHS	AGE. NO. 2. DATE OF DEATH DAY YEAR NO. 1. DATE OF DEATH DAY YEAR NO. 1. DATE OF BIRTH NO. N	nd							
_	9a. FACILITY NAME (If not institution, give s	treet and number)						ON OF D	EATH					
DIRECTOR	Doctor's Hospit RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Indica Snowden VOUNC EX											
	Maryland Princ		ge's	Ĉa	pito	of Local	igts	•					LIMITS?	
FUNERAL	6331 Carringtor	Court				100								5
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DEC	ENDENT (OF HISPAI	NIC OF	RIGIN? (Specify Yes	s or No-	14. RAC	E — American Indi	en,
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	3 X Widowed 4 Divorced												втаск	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G)	ve kind of	work done	durina ma	ON ist of working	ng		16b, KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5) life.		,									
COMPL	5th			Dī	etai	cy S			_			te		
8	17. FATHER'S NAME (First, Middle, Last)													
BE	Walter N. Snow	ien												
P	19a, INFORMANT'S NAME (Type/Print)													
	James Gross		7	507	Pla	ater	La	ne	G1	enndale	e,MD	. 2	0769	
	20a, METHOD OF DISPOSITION XXBurial 2 Cremation 3 Ram	oval from State	other pla	ice)					,			-		.7
	4 Donation 5 Other (Specify)		Harm	ony										
	21. SIGNATURE OF FUNERAL SERVICE LIE	PENSEE	/)(/										ome
	(14mmus)	0 7,10	d X	K.	/	4/4	Lano	ove	C K	a. Lando	over,	MD.	20785	
	immediate cause (Final)	Liet only one cau	se of each line.		not entai	tha mo	da of dy	ing, euc	ch ee	cardiac or reap	Iratory ar	rest,	Interval B	etween
	resulting in death)				DF):	J LE	20 1	•	4	1	-			
_		Con	HAH	1-	e h	OO	nt	F	d	lur	2	,		
CATION	Sequentielly list conditione, if any, laeding to immediate	DUE TO	ON AS A CONSEC	UENCE C	F):					,				
5	cause. Entar UNDERLYING CAUSE (Disease or injury	Conc	liac		SUS	10	1+1	~~	1	a/H-	1/10	ten	non.	
RTIF	that initiated evente	OUE TO	(OR AS A CONSEC	UENCE C		`		4		1	J' 1	6.4		
ш	reaulting in death) LAST	. signe	Mersi	ve	(01	nol	101	Sol.	10	wedy	di	Xa	26	
S	PART II. Other aignificant condition	a contributing to	death but not re	eaulting	in the m	nderivin	T CRIIGO	given in	Part	1 24e WAS AN	Alimpey	1 244	WEDE ALTTOREY ET	NOWNE
3	9.0	deh	Praclona	+ T				1	1	PERFO	RMED?	471	AWAILABLE PRIOR	TO
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BY	2 Accident Investigation	28e, PLACE C	F INJURY — At hor	me ferm	etreet fac				204	LOCATION (Street	and Mush	a Dried	Paula Alumbas	
ETED	3 Suicide 8 Could not be determined	building,	etc. (Specify)		ativat, iac	tory, orno			201.	City or Town, State	and reambe	r or nuran	rioute Number,	
	29a, CERTIFIER												-	
COMPL	(Check only												a) and manner as e	and ge's entry No yr es indian, yr Findings for To of Cause No no no no no no no no no no
BE	296. SIGNATURE AND TITLE OF CERTIFIES	In a	20101		Mi)	29c. LIC	2 C	MBER	08	29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF OEATH (ITEM	1 27) (Typi	e, Print)	-	- 37							
	31. OATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE				_		_					
	FEB 07 1990	Jelia David	m- Pandel	2										

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203-3146	or attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	
BACTIMORE, MARYLAND 21203-3146	in the contribute of may be retained by the hospital	in by the further from page 5 should be detached 1	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the minimum of the most provided by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commitment in the number of the property of the physician and Mental Hydiene prior to burial commitment of the physician and Mental Hydiene prior to burial commitment of the physician and Mental Hydiene prior to burial commitment of the physician and Mental Hydiene prior to burial commitment of the physician and Mental Hydiene prior to burial commitment of the physician and physic	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

e detache		t once.
ERAL DIRECTOR: After this certificate has been signed by the attending physician and centrollary med in the announce from age 5 should be detached		T: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
page		- 20
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A Miles		examiner
d in by	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial cummings or removed	medical
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After	death	s ma
RECTOR:	ours after	em 28 i
ERAL D	n 72 hc	FHI

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEP/	ARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTI	FICATE	O	F DEAT	TH		REG	NO

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT		MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
EVELYN ARND	ידע			1-31-5	AY YE	1:30 mm M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las	st birthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		DIRTHPLACE (State or Foreign
217 22 6649	1 - M 2×F 89		DAYS HOURS MIN.	(Month, Day, Year) FEB-16 19		PARYLAND
9a. FACILITY NAME (If not institution, give st	treet and number)	96. CITY, 1	OWN DR LOCATION DF DE	EATH)	9c. COUNTY	OF DEATH
KIVER VIEW	1 lursing Ho	ome 23	X322		BALT	Showin
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,					
MARYLAND		BALT	imar			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	0		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2703 LATO	INA KOAD		21214		17.5	A ?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AF		AS DECENDENT OF HISPAN		or No.— 14. I	RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES? 1 TYES 2 TI IF YES, GIVE WAR OR DATES		yes, specify Cuban, Maxica YES 2 NO Specif			Black, White, etc. Specify:
15. DECEDENT'S EDUC		CEDENT'S USUAL OCC	CUPATION	16b, KIND OF BU	SINESS/INDUSTI	RY
(Specify only highest grade Elementary/Secondary (0-12)	completed) (G	live kind of work done du b. Do NOT use retired.)				
L V Q S	College (1-4 or 5+)	0- 110	2 00			
17. FATHER'S NAME (First, Middle, Lest)		HI HO) / · / >			
17. PAINER'S NAME (FIRST, MIDDIE, LIIST)	0.000		18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
GUSTAVS	KUNGE		IA	S SW	50	
FAMILY RE	COROS	b. MAILING ADDRESS	Street and Number or Rural	Route Number, City or Tow	n, State, Zip Codi	•)
20a. METHOD OF DISPOSITION	20b. PLACE	DF DISPOSITION (Nam	e of cemetery, crematory or	20c, LO	CATION — City	or Town, State
1 Burial 2 Cremation 3 Remo	oval from State		Cometal	1/2 / P	PKILL	1 c ma
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE ()	22. NJ	AME AND ADDRESS OF FA	CILITY - C	WIN IT	2 1 10
· 150 4	Evera. A	20	ANS CHA	EVED E	semo!	Pack Sills
23. PART I. Enter the diseases, or o		eath. Do not enter t	he mode of dving, auc	h as cardiac or rean	Irstory arrest	Approximata
	List only one cause on each line		g, ass	ir da odraido or roup	indiory direct,	Interval Between
IMMEDIATE CAUSE (Final	0		. /		_	Onset and Death
disease or condition reaulting in death)	e. UNGES	TIVE A	45ARS	FAILUR	. с	2 weeks
	DUE TO (OR AS A CONSE	DUENCE OF):				4-1
	ASCVI					3 9/5
Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A CONSE	OUENCE DF):				*
cause. Enter UNDERLYING	c					
CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A CONSE	QUENCE DF):				
reaulting in death) LAST	4					
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PART II. Other algnificant condition	a contributing to death but not	resulting in the und	eriying cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO
				1 D YES		COMPLETION OF CAUSE
						OF DEATH? 1 YES 2 ND
				_		1 120 2 110
25. WAS CASE REFERRED TO MEDICAL			28. PLACE DF DEATH (C)		1	
EXAMINER?	HOSPITAL:	OTHER:		eck only one)		
1 YES 2 NO	1 Inpetient 2 ER/Outpatient		ng Home 5 - Realdence	6 Other (Specify)		
27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME DF 1	tec. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	ED
1 Natural 5 Pending 2 Accident investigation	20000 10000	M	1 YES 2 NO			
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, factor	ry, office	261. LOCATION (Street	and Number or R	lural Route Number,
4 Homicide determined	building, atc. (Specify)			City or Town, State	,	
29a. CERTIFIER	MAN To the best of the second					
(Check only	ICIAN: To the best of my knowledge, d					
2 MEDICAL EXAMINE	R: On the basis of examination and/or	investigation, in my op	mion, death occured at the	time, data and place, a	nd due to the ce	use(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER		Cur	29c. LICENSE NU		29d. DATE SIG	GNED (Morith, Day, Year)
Monnay &	Cerman M	w	MD. I	009019	1/	31/80
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH (ITE	EM 27) (Type, Print)				,
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					
		ndella				
FEB 08 1990	gun vandor-1			<u>.</u>		
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HE HUNFILAL ON ALLENDING PHINICIAN: THE IAM POUNTS THAT OF GRAFF CELLINGING WITHIN 25 HOURS AFRE DEATH. PAGE	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc		Annual see to the second secon
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) ETHEL A.	ASHBY				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 10 2 0 3 A M			
	4. SOCIAL SECURITY NUMBER 214-16-6780	1 M 2 K F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 8 - 24 - 21	8.	BIRTHPLACE (State or Foreign Country)			
TOR	98. FACILITY NAME (If not institution, give street and number) UNION MEMORIAL HOSPITAL BALTIMORE 98. COUNTY OF DEATH BALTIMORE										
DIRECTOR	10a. CATE 10b. COUNT	Y		WN OR LOCATION IMORE	ON			10d. INSIDE CITY SLIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 401 EAST 25th	STREET		10f.	ZIP CODE 21218		U.S.	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe-		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Block, White, atc. Specify: BLACK			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOMEMAK	done during mos ired.)		16b. KIND OF BUS	INESS/INDUST				
	17. FATHER'S NAME (First, Middle, Last) WARFIELD W. ASH	DV				ME (First, Middle, Maiden :	Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	DI	19b. MAILING ADI	DRESS (Street an		Route Number, City or Town	, State, Zip Coo	de)			
10	CLEO DIGGS, (si	ster)	1508 N	. Payso	on St., I	Baltimore,	Md.	21217			
4	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE 2-2-	-20		ANATOMY	BOARD, BA	LTO.,	MD. 21201			
	23. PART i. Enter the disesses, or abock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	List only one ceuse on ea	sch line.	•				interval Between Onset and Death			
CERTIFICATION	disease or condition resulting in death) a. Verticalory feature V2 - 1/hs										
MEDICAL CI	PART II. Other significant condition	ne contributing to death be	ut not resulting in th	ne underlying	cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 D(NO			
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Chi	eck only one)					
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1'Difinpatient 2 ER/Outp		Nursing Home		8 M Other (Specify) 28d. DESCRIBE HOW II	HOSPIZ				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOF	RK? ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, stree	t, factory, office		26f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,			
COMPLETED	(Orlock Orly)	BICIAN: To the best of my knowless. On the besis of examination						suse(a) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE Bladigy (MEDICAL RES	IDENT)		29c. LICENSE NUM	IBER		GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WI				0						
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN		carry	ISALT.	MORE	MD				

Leaven to the second of the second of the

1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

ara meet pages arould be detached for use as the burial-transit permit. Pages 1, 2, 3 s	niner in the notified at once,	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral man and betail the state bett. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical grammer measurement at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	CERTIFIC			REG. NO.		
DECEDENT'S NAME (First, Middle, Lest) VERA AG	REE				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH 9:45P
0. SOCIAL SECURITY NUMBER 075-20-2410			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) 1/29/25	C	IRTHPLACE (State or Foreign ountry) EW YORK CITY
a. FACILITY NAME (If not institution, give a		9	LAUI	OR LOCATION OF DE	EATH	PRINCE	DE GEORGES
De. STATE 10b. COUNT MD. PRINC	Y E GEORGES	10c. CITY,	TOWN OR LOCA	ITION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
8799 OXWELL LANE			10	20708			OF WHAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No- 14. I	RACE — American Indian, Black, White, etc. Specify: NHITE			
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION Completed) College (1-4 or 6+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use I HOMEMA	k done during m retired.)		16b, KIND OF BUS	INESS/INDUSTI	RY
7. FATHER'S NAME (Filst, Middle, Last) MORRIS	9.00			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
9a, INFORMANT'S NAME (Type/Print)	ouse)			and Number or Rural	Route Number, City or Town	n, State, Zip Codi 20708	n)
0a. METHOD OF DISPOSITION □ Burlal 2 □ Cremation 3 □ Rem □ Donation 5 □ Other (Specify)		b. PLACE OF DISPOSIT other place)	ION (Name of a	emetery, cremetory or	20c. LO	CATION — City	or Town, State
1. SIGNATURE OF FUNERAL SERVICE LI	CENSER 2	-7-96	- 77 (IBC)	E ANATOMY	BOARD, BA	LTO., 1	MD. 21201
23. PART I. Enter the diseases, or shock, or heert fellure. MMEDIATE CAUSE (Final disease or condition esuiting in desth)	RENAL F	eech line.		ode of dying, suc	h sa cerdlec or respi	ratory erreat,	Approximate Interval Betwee Onset and Deat
sequentially list conditions, is any, leeding to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	Diabetic Diabetic	- Glome A CONSEQUENCE OF): Med	edos	cletos	Li		Stylan 20 year
hat initiated events resulting in death) LAST	d	A CONSEQUENCE OF):					
PART II. Other algorificant condition Hypertensi		but not resulting in	the underlyl	ng cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (CA	eck only one)		
7. MANNER OF DEATH 1 Millural 5 Pending	1 ☐ Inpetient 2 ☐ ER/Ou 26e. DATE OF INJURY (Month, Day, Year)		OF 28c. If	me 5 A Residence JURY AT ORK? YES 2 NO	\$ ☐ Other (Specify) 26d. DEŞCRIBE HOW I	NJURY OCCURE	ED
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Sp	ry — At home, farm, str	eet, factory, off	lca	261. LOCATION (Street City or Town, State)	and Number or R	turel Route Number,
(Crieck Orly	IICIAN: To the best of my kno ER/On the basis of axaminsti	_					use(a) and manner as stated.
96. SIGNATURE AND TITLE OF CERTIFIE	/11	m)		29c. NCENSE NU	MBER FG	29d. DATE SIG	GNID (Month) Day, Year)
0. NAME AND ADDRESS OF PERSON WI	A COMPLETED ONLOS OF	EATU (STEM AT CO.	hefme)	10	001	1	12/40

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE DEGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

_	REGISTRAN		CENTIL	OAIL OI	DEATH	HEG. NO					
	1. DECEDENT'S NAME (First, Migdle, Last)	RAWLon	d Be	5.7		2. DATE OF DEATH	3 90	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 242-32-1564	L SEX LAGE IN	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign			
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 310 E, 26 Th 5/Reet Ballmore City 9c. COUNTY OF DE										
5	RESIDENCE OF DECEDENT 100. STATE . 100. COUNTY		40. 0170	TOWN OR LOCA	2011	0		Land management			
L DIRECTOR	Maylam 10s. STREET AND NUMBER		loc City	B//	more	,		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	310 E 26"	3/Ree	<u> </u>		21218	2	1	S.A.			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 ANO	if yes, sp	endent of Hispan ecity Cuben, Mexica 2 A-NO Specify	s or No— 14. F	IACE — American Indian, Black, White, etc.				
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12)	16b. KIND OF BU	SINESS/INDUSTR	ny							
COMPLETED	17. FATHER'S NAME (Figst, Middle, Last)	College (1-4 or 5+)	Hom	ema		ME (First, Middle, Maiden	Sumama)				
BE CC	GARLIELA ROBE. INFORMANT VINAME (Rypo/Print)	CRANG	Good		Eliz	Abeth	HAYE.	5			
2	Mrs. Georgia	CRAWford				Route Number, City or Tem	n dines To Code)			
	20a. METHOD OF DISPOSITION 1	val from State	PLACE OF DISPOSI other place)	TION (Name of ce	retery, cremetory or	7 20c. LC	Allih	or Town, State City			
	21. SGNATURE OF FUNERAL SERVICE LICE	Pups	/	22. NAME A	DADDRESS OF IN	USS FU	Neral	thomes			
Ť	23. PART I. Enter the diseases, or co	implications that caused	the death. Do no	ot enter the me	da of dying, auc	h as cardiac or resp	iratory arrest,	Approximate			
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	ACVTE		CALDI	AL in	VFARCE	ION	Interval Between Onset and Death			
z		CO NO NI	CONSEQUENCE OF	ARTE	RY D	18EASE					
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	CARDY	CONSEQUENCE OF	PRRYT	thip						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	·						
	PART II. Other significant conditions	contributing to death bu	it not resulting in	n the underlyin	g cause given in	Part I. 24e. WAS AP		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
MEDICAL						1 TYES	₹ □ NO	COMPLETION OF CAUSE OF BEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26 8	LACE OF DEATH (Ch	ant anti-part					
200	EXAMINER?	HOSPITAL:	etlant 3 D DOA	OTHER:		6 Other (Specify)					
/ PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	D			
red BY	2 Accident Investigation 3 Suicida 8 Could not be 4 Homicide datesmined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, at	treat, factory, offi		28f. LOCATION (Street City or Town, State		ural Route Number,			
COMPLETED	cont only	IAN: To the best of my knowle: On the basis of examination						usis) and manner so winted			
	29b. SIGNATURE AND TITLE OF/CENTIFIER	140	1	a, at my opinion,	29c. LICENSE NUI			NED (Month, Day, Year)			
TO BE	Ma	ru W	Meuna	N MD	DU 76		▶ 1,	131/90			
	30. NAME AND ADDRESS OF PERSON WHO			r-nnt)							
	FEB 07 1990	32. REGISTRAR'S SIGNA	ATURE INC.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pres TO THE PUNERAL, DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral day be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examplement

	FOR	CTATE OF MADVI AN	ID / DEDAG	TMENT O	E HEALTH	AND SEENT	AL HVOLEN		30	02961
	1 - STATE REGISTRAR	STATE OF MARYLAN			OF DEAT		REG. NO.	Ŀ		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DA	TE OF DEATH			3. TIME OF DEATH
3	NADEENE	L.	13R01	NNIN	VG	MON	2 S	4	90	7:45 9
2 (200.0)		5. SEX 8. AGE (In y	rs. lesi birthdey) YRS.	IF UNDER 1 YE	EAR IF UNDER	(140	TE OF BIRTH onth, Day, Year)		8. BIRTNPI Country)	LACE (State or Foreign
_	9a. FACILITY NAME (If not institution, give stre-	et and number)	7		WN OR LOCATIO	N OF DEATH		9c. COUN	TY OF OE	ATN
5	Univ. of Mayland &	1030 m		(26)	Hmore	1000	nane	/X	XXXX	MXXX
REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L						IOd. INSIDE CITY
0	West Virginia Ma	irion		Fairme				1		TES 2 NO
ERAI	Rt. 1, Box 382				10f. ZIP CODE	554		10g. CITIZ	USA	IAT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 12. Was DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES			If ye	DECENDENT OF	F HISPANIC ORIG , Maxican, Puart	GIN? (Specify Yes to Rican, etc.)	or No—	14. BACE -	- American Indian, White, etc.
BY	3 Widowed 4 Olvorced	1 🗆	YES 2 X NO	Specify:			Specify	White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 2 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker						8b. KIND OF BUS		ISTRY	
MP		2	Homemat	rer	Technology (Own 1			
ш	" Kichara woodegy virgie whilee									
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 1, Box 382, Fairmont, WV 26554										
	20a. METHOD OF DISPOSITION 1 Devile 2 Cremation 3 Kamov				of cometery, cram		rs Cla	CATION — C	Ity or Tow	n, State (1)[/
	4 Donation 5 Other (Specify)		oruc na							
	A. George	alturan					BURG FUI			
	IMMEDIATE CAUSE (Finel	mplicetions that caused a set only one cause on set	h line.	not enter the	e mode of dyl	ng, auch aa c	erdiac or resp			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO								
PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert II. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given						WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF D	EATN (Check only	/ one)		1	
S	1 TYES 2 TOPO	HOSPITAL: 1 inpetiant 2 - ER/Outpati	ent 3 🗆 DOA	OTHER:	Nome 5 - Re	sidence 6 🗆 O	ther (Specify)			
LED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)		street, factory	, office		OCATION (Street City or Town, State)		or Rural Ro	oute Number,
COMPLETED	TOTALK OTHY	IAN: To the best of my knowled								
Ö	2 MEDICAL EXAMINER	On the besis of axamination s	ind/or investigat	lon, in my opin	ion, death occur	ed at the time, d	late and place, as	nd due to the	cause(a)	and manner as stated,
B E	296. SIGNATURE AND TITLE OF DESTRICTE	Buch us				-376	82	29d, DATE	SIGNED	(Month, Dyr, Year)
2	30. MANU AND ADDRESS OF PERSONNELLO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (3m	a Drintl		710		1	-//	1

29e. CERTIFIER (Check only	1/8	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(a) and menner as stated
one)	2	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the

	11	e	Can		1	Se	20	sh		MO				
a.	HABIAU.	AND	ADORESS	OF	PERSONSMIT	COMPL	ETED	CAUSE	OF	DEATH	OTEM	27)	(Type.	Prin

FOR STATE REGISTRAR

4. SOCIAL SECUR

1. DECEDENT'S NAME (First, Middle, Last)

6. SEX

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should be detached for use as the burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY JN OR LOCATION AC FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE BY intained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuberl, Mexican, Puerto Rican, etc.) MARYLAND 21203-3146 1 Never Married 2 __ Merried IF YES, GIVE WAR OR DATES 1 YES 2 W NO Specify BY 4 Olyorced COMPLETED 16a. OECEDENT'S USUAL, OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF College (1-4 or 5+) ELECT UNKNOWN once. 17. FATHER'S NAME (First Middle il ast) 18. MOTHER'S NAME (First, Middle, Maid to BE notified 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or The AS ASI 19e. INFORMANT'S NAME (7) 2 examiner must be 20s. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 DOther (Specify) 22. NAME AND ADDRESS OF FACILITY FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal. the medical Enter the disease, of complications that dused the deeth. Do not enter the mode of dying, euch as cardiac or re shock, or heert fellute. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition onco event. resulting in death) HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS 1 TYES PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only or HOSPITAL: **EXAMINER?** OTHER: 1 YES 2 NO 5 - Residence 4 🗆 Nun 6 Other (Specify) IMPORTANT: If Item 28 Is marked, or 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HO 28b. TIME OF 1 Natural 6 Pending Investigation 1 YES BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Stre 3 Sulcide 6 Could not be COMPLETED 4 Homicide 1 DENTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 296. SIGNATURE AND TITLE OF CERTIFIER BE THE 23 2 CAUSE OF DEATH (ITEM 27) (Type, Print) a Devidon

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

ENTA	REG. NO.				
2. DATE	OF DEATH	IV	YEAR	3. T	IME OF DEATH
	2 -	7	90		4110P.M.
7. DATE (Monti	OF BIRTH	,	6. BIRTH Count	IPLAC	E (State or Foreign
10	1/27/	1905	m	TA.	RYLANI
TH	/ /		NTY OF D	EATH	
٥					
4					
				10d.	INSIDE CITY
				1	2 NO
4		10g. CIT	IZEN OF V	WHAT	COUNTRY?
1		- 1	1_	1	7
C ORION	t? (Specify Yea Rican, etc.)	or No-	14. RACI	E - A	merican Indian, Ita, eler
	, , , , , , ,		Spec	tty:	1,75
			n	1	117±
16b	. KIND OF BUS	BINESS/INI	DUSTRY		
E (First,	Middle, Maiden	Sumame)			
oute Num	ber, City or Tow	n, State, Zi	Cede)		
	11200	VE			
1.0	20c. LO	CATION —	City or To	own, S	State
IEN	11 6	200	Kt.	45	VICLE, M
LITY					PORIES
			1/2		vicies
YVI	LLE				
	diac or reepi		rest,		Approximate Interval Between Onset and Death
un	do				6
					. •
Anna I	24s. WAS AN	ALERDON V	T	MARCH 1	E AUTOPSY FINDINGS
ert I.	PERFOR		240	AMAI	LABLE PRIOR TO
-	1 TYES 2	110			PLETION OF CAUSE DEATH?
_				1 🗆	YES 2 DINO
ck only o	ne)				
. □ Oth	r (Specify)				
	SCRIBE HOW I	NJURY OC	CURED		
28f. LOC	ATION (Street	and Numbe	r or Rural	Route	Number,
City	or Town, State)				
	use(s) and ma				
				s) end	I manner as stated.

STATE REGISTRAR

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DIVISION OF VITAL RECORDS,	- Consideration of the Constitution of the Con
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BU BOWEN 15 DM 10 6. BIRTNPLACE (State or For 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 4 SOCIAL SECURITY NUMBER IF UNDER 24 HRS. 7. DATE OF BIRTH DAK TA < 1hr HOURS 1 M 2 | F DAYS 0 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN SUSCEN MORE MED DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY ARRUNDE 10c. CITY, JOYALOR LOCATION 10d. INSIDE CITY BUKNIE 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? CENAR FUENAZE CIRCL use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN US ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.) Never Married 2 Merried BLACK 1 YES 2 Specify Specify. BY ■ Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Jo. Elementery/Secondary (0-12) College (1-4 or 6+) ild be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surn BONEN SANICE F BE be notified 19b. MAILING ADORESS (Street and Number or Pural Route Number, City or Yown, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 CEDAR FURNAZE GLEN BYRNI JANICE BOWENS (mother) 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cre 20c. LOCATION - City or Town, Slate must 20e. METHOD OF DISPOSITION

1 □ Burial 2 □ Cremation 3 □ Removal from State

4 □ Donetion 6 □XOther (Specify) □ 1n = State removal examiner 21. SIGNATURE OF TOWER LAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 2.7-40 STATE ANATOMY BOARD, BALTO., MD. 21201 removal. medical 43. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate filled in by ahock, or heart failure. List only one ceuse on each line. Interval Between 5 **Onset and Death** IMMEDIATE CAUSE (Final cremation, the disease pr condition nding physician and completely Hygiene prior to burial, cremativ reaulting in death) or other traumatic event, Smin CERTIFICATION attending physician and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury RUPTURE OF MEMBRANSE that initiated events reaulting in death) LAST has been signed by the atter Dept. of Health and Mental shows any injury, PART ii, Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **MAILABLE PRIOR TO** COMPLETION OF CAUSE 1 U YES 2 10 OF DEATH? 1 TYES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State certificate HOSPITAL OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing No ne 5 🗆 Residence 6 🗆 Other (Specify) the 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DEŞCRIBE NOW INJURY OCCURED marked, With this 1 Metural 6 Pending Investigation 1 YES 2 NO BY DIRECTOR: After the hours after death death Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 ETED 6 Could not be 4 Homicide 50 determined flem S COMPL DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner as stated. FUNERAL within 72 h HOSPITAL IMPORTANT: H MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) BE 五五百 PHAUS 23 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30 NAME AND ADDRESS OF Than MMS, BALTIMORE, MD 31. DATE HILED E.B. 6/03/1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funer he filed within 72 hours after death with the State Dept. of Health and Mental Hogiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exami
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- 27	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last I		IF UNDER	1 YEAR	IF UNDER	_	7. DATE OF	BIRTN	1990	8. BIRT	HPLACE (State o	
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HO	706 Pleas	sant Hil	ls Circ	l e		7	King	svi	11e			H	arford	
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DIRECTOR	10e. STATE 10b. COU			10c. CIT	Y, TOWN (2.2				10d. INSIDE C	
	Maryland 10+, STREET AND NUMBER	Harford				T T	ZIP CODE		тте		40 - 017	17011 00	1 NES 2	Park.
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BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 NO			If yes, spe	2 NO	n, Maxicar	n, Puerlo Ric	an, atc.)	or No—	Spe	ck, White, etc.	
MPLETED	15. DECEDENT'S E (Specify only highest gr		16a. DEC	EDENT'S	USUAL O	CCUPATIO	N et of workin	· ·	16b. K	IND OF BUS	BINESS/INC			
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8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH		ME (First, Mic					
BEDD	Thomas F.	Massey						_	lsie		100	100	t	
Z	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES:				Route Number	City or Town	n, State, Zip	p Code)		
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	20a METHOD OF DISPOSITION 144 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other plac	(8)	w Me				a				Mary	- T
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1 // 811	ATC			ID ADDRES			Pa	772	COII	Hary	Tand
	· m Hen	elden Ku	1/11						eral			- ~ A	2108	1
	23. PART I. Enter the diseases,	or complications the	at caused the dee	th. Do	not enter	the mo	de of dyl	ing, such	h ss cerdie	c or respi	ratory sr	rest,	Approx	
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NO	disease or condition resulting in deeth) s. Brouch callic arcinoma with metas tases 17 mas Due to (or as a consequence of): to liver, bone, and brain b. Due to (or as a consequence of):													
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C.												
E	that initieted events	DUE TO	(OR AS A CONSEO	JENCE C	HF):									
ER	resulting in deeth) LAST	d												
	PART II. Other significent condit	ions contributing to	deeth but not re	eulting	In the u	nderlying	ceuse (given in	Pert I. 2	4a. WAS AN		24	b. WERE AUTOPS	
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3									_					
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ВУ РН	27. MANNER OF DEATN Natural 5 Pending Accident Investigation		F INJURY Day, Year)	28b. TII	ME OF JURY M		URY AT PRK? YES 2	NO NO	28d. DESC	RIBE NOW I	NJURY OC	CUREO		
3 Suicide 4 Homicide 5 Could not be delarmined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Roucity or Town, State) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Roucity or Town, State) 28f. LOCATION (Street and Number or Rural Roucity or Town, State) 28f. LOCATION (Street and Number or Rural Roucity or Town, State) 28f. LOCATION (Street and Number or Rural Roucity or Town, State)									l Route Number,					
PLE	Check only	YSICIAN: To the best of	f my knowledge, dea	th occur	red at the	Ilme, data	and place	, and dua	to the cause	e(a) and mer	nner as sta	sted.		
0 0	one) 2 MEDICAL EXAM	INER: On the basia of	examination and/or in	vestigati	on, in my	opinion, d	eath occu	red at the	lime, data a	nd place, an	d due to i	he cause	(a) and menner	as stated.
ш	296 SIGNATURE AND TITLE OF CERT	FIER ON	-	A			29c. LICI	ENSE NUM	MBER		29d. DAT	TE SIGNE	D (Month, Day, Y	oar)
10 B	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	EN SE OF OEATN (ITEM	27) (700	e, Print)		Do	96	20		1	2/2	5/90)
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	FEB 08 199		AR'S SIGNATURE	LE.		•								

to the hospital or attending physician.	Thurst in detached for use as the burial-transit permit, Pages 1, 2, 3 should	once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mm of meaning by the hospital	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, may come she death with the State part of Health and Mertal Hydiene prior to burial, cremation, or removal.	item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must musting

BALTIMORE, MARY LAND 21203-3146

O. BOX 13146,

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DIVISION OF VITAL RECORDS,

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31. DATE FILED (Month, Day, Year)

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Goodin,

1990

32 REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 19 1.990 BARFIELD TEYON 5:55A A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS (Month, Day, Year) 9/30/89 Baltimore MIN. 3mo 1 🕅 M 2 🗌 F 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) City DIRECTOR Union Memorial Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? City MD Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1805 E. 29th Street U.S.A. 11 Never Married 2 Married 12. WAS OCCEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: specify: black BY 3 Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl COMPLET Elementary/Secondary (0-12) Coffege (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) Gregory Barfield Keisha Witherspoon 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1805 E. 29th St. Baltimore, MD mother, Keisha Witherspoon 201. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 201. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State
4 Donation S Other (Specify) Cedar Hill Anne Arundel Co. 21. SIGNATURE OF FUNEBAL SERVICE LICENSE 22 CAPOLINA Funeral Services 4511 Pen Lucy Rd, Baltimore 21229 arrow 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition SUDDEN INFANT DEATH SYNDROME resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1X YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1X YES 2 NO ent 2 DER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending investiga 1 YES 2 NO BY 2 🗋 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be 4 Homicide COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 POR IMPORTANT. IT IN 2 MEDICAL EXAMPLES OF ation and/or investigation, in my pointon, death occured at the time, data end piece, end due to the cause(e) end manner ee stated, NATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE OCME 1-20-90 8 WHO COMPLETED CAUSE OF GEATH (ITISH 27) (Type, Print)

111 Penn St., Balto., MD

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BALTIMORE, MA

or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Proc. 6 may be retored to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 securities be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

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ADDITION Some replications Removal from State Control Place Control	19a. INFORMANT'S NAME (Type/Print)	FN 122	19b. MAILING	ADDRESS (Street an	d Number or Rural	Route Numb	per, City or Tow	n, State, Zip C	ode)	7	_	_		
22. SIGNATURE OF PINERAL SERVICE LICENSEE 22. ANNE AND ADDRESS OF FACILITY 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart felture. List only one challenges or each line. Approximate interval Between Conset and Death	LAMILY COROS SAME AS ABOVE 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of computory or property or computery or comput													
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EXAMINER? Notice	<u> </u>					- 1				1 TES 2	□ NO			
EXAMINER? No	25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (Ch	neck only on						_		
27. MANNER OF DEATH Natural S Pending Investigation S Could not be detarmined 28a. DATE OF INJURY Al home, farm, street, factory, office 28i. LOCATION (Street and Number of Rural Rouse Number of Certifier Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. Sign at unit and office of Certifier 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 271/90 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 32. Registrarips/signature 33. DATE FILEO (Month, Day, Year) 32. Registrarips/signature 33. DATE FILEO (Month, Day, Year) 32. Registrarips/signature 33. DATE FILEO (Month, Day, Year) 32. Registrarips/signature 33. DATE FILEO (Month, Day, Year) 33. Registrarips/signature 33. DATE FILEO (Month, Day, Year) 34. Registrarips/signature			tostlent 3 DOA		· · · · · · · · · · · · · · · · · · ·	-		ield						
286. PLACE OF INJURY — At home, farm, street, factory, office 286. PLACE OF INJURY — At home, farm, street, factory, office		28a. DATE OF INJURY	285, TIME	OF 28c, INJU	RY AT				IRED			_		
4 Homicide determined HOUSE 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILEO (Month, Day, Year) 32. RESISTRARIPS SIGNATURE 33. RESISTRARIPS SIGNATURE 34. RESISTRARIPS SIGNATURE 35. RESISTRARIPS SIGNATURE 36. MONTH, Day, Year) 37. RESISTRARIPS SIGNATURE 38. RESISTRARIPS SIGNATURE 39. RESISTRARIPS SIGNATURE 31. DATE FILEO (Month, Day, Year) 32. RESISTRARIPS SIGNATURE	3777			M 1 🗆 Y								_		
(Chock only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29th. SIGNATURE AND ATTLE OF CERTIFIER 29th. LICENSE NUMBER 29th. DATE SIGNED (Month, Day, Veer) 2/1/90 36. MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank J. Peretti, M.D Assistant 111 Penn St. Balto., MD 21201 31. DATE FILEO (Month, Day, Veer) 32. RESISTRARIPS SIGNATURE (Month, Day, Veer)	Occidence	280. PLACE OF INJUR building, etc., Sp HOUSE	treet, factory, office	, factory, office 281. LOCATION (Street, Stree				eet and Number of Aural Apyte Number 98 tete) RET COUNTY, MARYLA						
OCME 2/1/90 34 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank J. Peretti, M.D. – Assistant 111 Penn St. Balto., MD 21201 31. DATE FILED (Month, Day, Mar) 32. REINSTRARIPS SIGNATURE (1)	(Check only 1 UCHITETING PHYSIGAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and manner as stated.											 I.		
OCME 2/1/90 32 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Frank J. Peretti, M.D. – Assistant 111 Penn St. Balto., MD 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRARIPS SIGNATURE (1)	296. SIGNATURE AND TITLE OF CERTIFI	ER/L			29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day.	rber)	_		
Frank J. Peretti, M.D Assistant Ill Penn St. Balto., MD 21201	LUIDE:	MIND			oc	ME		•	2/1/	90				
31, DATE FILEO (Month, Day, Year) 32, REDISTRARIO-SIGNATURE 1				Print)							01			
	31. DATE FILEO (Month, Day, Year)	32. REDISTRARIO SIG	NATURE TONDA	6	TIT ECI		•	MILO	• 1111		UL	_		

	1 & STATE REGISTRAR	STATE OF M) / DEPAR Certif					MENTA	REG. NO.	E				
	1. OECEOENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH DA	Y	YEAR	3. TIME OF DEATH		
	THOMAS 4. SOCIAL SECURITY NUMBER								_	/12/: 15 P M					
	225-03-5157	1 M 2 F	7.6	YRS.	MONTHS	DAYS	IF UNDER	MIN.	Feb	e of Birth hth, Day, Year) 9,191	3	PLACE (State or Foreign y) nessee			
	9a. FACILITY NAME (If not institution, give	**	70		9b. CITY	. TOWN	OR LOCATIO	ON OF OE		• 7,171	9c. COUN				
E C	1703 Saunders Wa				G1	en B	urnie	2,			Anne	Arı	undel		
يظ	RESIDENCE OF DECEDENT	v		140-00	Y, TOWN	201001	Plott						46.4 Words over		
SIR		Arundel			Glen							- 1	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
7	10e. STREET AND NUMBER					10	. ZIP CODE				10g. CITIZ	EN OF V	HAT COUNTRY?		
IER/	1703 Saunders W.	ау					21061				U.S	. A.			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	XNO	- 1 3	If yes, sp		n, Mexice	n, Puerto	IN? (Specify Yea Rican, etc.)	or No-	14. RACE Black Speci	- American Indian, White, atc. White		
TED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	. OECEDENT'S	work done	CCUPATH during mo	ON ost of worldn	g	16	b. KIND OF BUS	INESS/INDU	ISTRY			
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5-NONE	•)	Carpe						Harry	M. S	tev	ens		
OM	17. VON MCKENZIE						T./	TIRA	: (First,	Middle, Maiden					
BE C	Benjamin		Cunni	ngham			_	ar ah	Jai	ne M	orgon				
TO E	19e. INFORMANT'S NAME (Type/Print)	C	JET 41							mber, City or Town			1061		
	Mrs. Elizabeth P.	Cunning		ACE OF OISPO					Grei	Burni	cation - c				
	1 \(\) Burial 2 \(\) Cremation 3 \(\) Ren 4 \(\) Donation 5 \(\) Other (Specify) \(\)	ioval from State	Glei	n Have	n Me	mori	al P	ark			Burn				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME A	ND ADDRES	S OF FA	CILITY		1 Sec	Second Ave. S.W.			
	R. Henne	Hyckin.	2										nie, Md.21061		
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	List only one ceu	se on sech	lins.		2	100				ratory sme	oat,	Approximate Interval Between Onset and Death		
CERTIFICATION	disease or condition reaulting in death) Due To (or As A CONSEQUENCE OF): Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated ments) OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):														
ERTIF	that initiated events reaulting in death) LAST	d	ton as a con	NSEUDENCE C	,r- j.	_									
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPRIED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO										AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		ОТНЕ		LACE OF D	EATH (Ch	eck only	one)					
НXS	1 TYES 2 NO	1 Inpatient 2/		_			-	sidence	_	ner (Specify)	N IIIBY OCC	UDEO			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.											e) and manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIE	zan		_			29c. LICI	38	WBER	2_			(Month, Day, Wer) ary 7, 1990		
-	Dr. James J. Ben					Ma	11000	. ry 4 1	1.0	Md. 21	100				
	31. DATE FILED (Month, Day, Year)	22. REGISTR			noau	, ril	11612	9 V I I	16,	riu. ZI	100				

MARYLAND 21203-3146

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month, Day, Year)

1990

	1 - STATE REGISTRAR	STATE UF M		IFICAT				MENIAL H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE DF D	EATH			3. TIME OF DEATH
	Jeanne	Estel	Le Care	V				2 MONTH	6	9	YEAR	5:30a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth		ER 1 YEAR	# UNDER	24 HRS.	7. DATE OF B		Í	8. BIRTHE	PLACE (State or Foreign
	007-42-7686	1 🗆 M 2 🔀 F	47 m	RS. MONTH	DAYS	HOURS	MIN.	10/1	19/4	2	Country IVI 🖘	ass.
	9a. FACILITY NAME (If not institution, give str	et and number)		9b. CI	TY, TOWN O	I LOCATIO	ON OF DE		1//	9c. COUN		
œ	9 Mooring Cour		221		ssex					Bal		
유	RESIDENCE OF DECEDENT		~~		55CA					Dai	O IIII	016
Ĕ	10e. STATE 10b. COUNTY		100	CITY, TOWI	OR LOCAT	ON						10d. INSIDE CITY LIMITS?
Maryland Baltimore Essex												1 YES 2 X NO
4	10e. STREET AND NUMBER				101	. ZIP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?
8	§ 9 Mooring Court 21221 USA									SA I		
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	1				IC ORIGIN? (Sp		or No-		- American Indian,
<u>E</u>	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	TYES 2 2 1 NO AR OR DATES			2 X NO		, Puerto Rican	, etc.)		Specif	
	3 Widowed 4 Divorced											White
	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDE	ed of work dos	se charloss mo	et of working	ng .	1011-02-0	D DF BUS	INESS/INDI	USTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+	Sược	V150	er o	r Pa	tier					
MP		5+	Repre	esent	tativ						cins	Hospital
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NAI	ME (First, Middle	, Malden S	Surname)		
BE	Charles Nov	es						elle				
0	19a. INFORMANT'S NAME (Type/Print)				manage and			Route Number, C				
	John T. Care	У						ssex,	MD	212		
	20a, METHOD DF DISPOSITION 1 □ Burial 2 ▼ Cremation 3 □ Remo	val from State	20b. PLACE OF Di other piece)							ATION —		
	Metro Crematory Inc Baltimore									MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE ML	Me					ociet	v of	Md.	Т	nc.
	George E. M	acNabb						ck Roa				
	23. PART I. Enter the diseases, or co	omplications that										Approximata
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition	HECA	Dr. Fails	03								
	disease or condition reaulting in death) s. ITERATE FAILURE DUE TO (OR AS A CONSEQUENCE OF):											
z	METASTATIC BAZAST CONCER											
은	Sequantially list conditions, If any, lasding to immediate	DUE TO	(OR AS A CONSEQUEN	CE OF):								
S	cause. Entar UNDERLYING CAUSE (Disease or Injury											
뜬	that initiated events	DUE TO	(OR AS A CONSEQUEN	CE OF):								
CERTIFICATION	resulting in death) LAST											
	PART II. Other algorificant conditions	contributing to	death but not result	ting in the	undertvin	a cause	alven in	Part I. 24e	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL					-				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ ''	YES 2	M NO		OF DEATH?
Σ								— I				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.0	ACE OF D	EATH /OL	eck only one)				
2	EXAMINER?	HOSPITAL:	1	ОТН	ER:	- /						
14S	27. MANNER OF DEATH	28a, DATE OF	ER/Outpatient 3 🗆 D	b. TIME OF	1	URY AT	esidence	6 Other (Sp		HIRV OCC	YURED	
B	2 Accident Investigation	28e, PLACE O	F INJURY At home, 1	larm, street, 1				28f. LOCATIO	N (Street a	nd Number	or Burni B	loute Number.
03	3 Suicide 6 Could not be 4 Homicide determined		etc. (Specify)			-			wn, State)	2	_,,	
COMPLETED	29a. CERTIFIER											
MP	(Check only											and manner or stated
8	2 MEDICAL EXAMINES	. On the Date of 6	AMERICAN STOLEN STORES	egation, in it	y opinion,				Prace, and			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	-					ENSE NUA					(Month, Day, Year)
5	John H Tun	7				51	832	-0			2/6/	90.
	30. NAME AND ADDRESS DF PERSON WHO	COMPLETED CAIR	SE OF DEATH (ITEM 27)	(Time Print)								

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the
2	2	2
)	E	2
•	S.	PEC
	1	=

	1 - STATE REGISTRAR			CATE OF DE				
	1. DECEDENT'S NAME (First, Middle, Last)	H COOK	-			2. DATE OF DEAT	H DAY GY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 May DE		F UNDER 1 YEAR FU	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, You	8.	BIRTHPLACE (State or Ford Country)
~	Se. FAMILITY NAME (If not institution, give	83		96. CITY, TOWN OR LO	CATION OF DE	1-24-1	9c. COUNTY	Y OF DEATH
ЕСТОВ	HEBIDENCE OF DECEDENT	(0, (gen. 1	705P.	EQWN OR LOCATION	more	City	DAI	10d, INSIDE CITY
BI	manyland		E	Allim	ore			LIMITS?
ERAL	3/08 CAM	berdae)	Rive	101. ZIP	2/2	ロク	10g. CITIZE	N OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEMENT EVER IN U FORCES 1 _ YES IF YES, GIVE WAR OR DAT	2 NO	If yes, specify		C ORIGIN? (Specif , Puerto Rican, etc		Black, White, etc.
PLETED	15, DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a, DECEDENT'S US (Give kind of wor life, Do NOT use	ink done during most of v	working	16b. KIND OI	BUSINESS/INDUS	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last)	Cook		19	MOTHER'S HAI	ME (First, Middle M	iden Surneme)	May 14
TO BE	190 INFORMANT'S NAME (Type/Tyrint)	y Cook	19b. MAILING A	ADDRESS (Street and No.	umber or duralf	Uto Number, City o	Town, State, Zip G	md 212
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rer	noval from State	PLACE OF DISPOSU	TION (Name of cometer)	y, cremetally of	20	c. LOCATION CH	ly or Town, State
	4 Donation 5 Other (Specify)				σr . $I \sim$	Ch	10/4/1/	D. (D)
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	100410	22. NAME AND AS	DORESS OF FAC	122155	Furer	MI Home
	21. SIGNATURE OF FUNERAL SERVICE L	1. Russ	J	2222	-1011	Russ Vorth	Funer. Ave. B	Ato, mode
	21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Entar the disease, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition	1. Russ	ch ilna.	2222	-1011	Vorth oa cardlac or		Interval Be Onset and
	21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the disease, or ahock, or heart failure IMMEDIATE CAUSE (Final	Complications that caused	ch ilna.	Joseph 222	-1011	Vorts Vorts HEAR		Interval Be
ATION	21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Entar the disease, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition	complications that caused at Liet only one cause on and at Liet only one cause on and at Liet only one cause on and at Liet only one cause on and at Liet only one cause on and at Liet only one cause of the Lieu only one cause of the Lieu only one cause of the Lieu only one cause of the Lieu only one cause of the Lieu only one cause of the Lieu only one cause of the Lieu only one cause of the Lieu only one cause of the Lieu only one cause on and the Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on an at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu only one cause on at Lieu o	ch ilna.	DOSEP 2222 ot enter the mode of EROTIC	-1011	Vorth vorth voa cardiac or VEAR		Interval Be Onset and
ERTIFICATION	21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the disease, or ahock, or heart failure immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications that caused a. List only one cause on asc a. DUE TO (OR AS A CO. DUE TO (OR AS A CO. DUE TO (OR AS A CO. DUE TO (OR AS A CO. DUE TO (OR AS A CO. DUE TO (OR AS A CO. DUE TO (OR AS A CO. DUE TO (OR AS A CO. D	CONSEQUENCE OF:	Soseph 2222 ot enter the mode of EROTIC	-1011	Vorth vorth voa cardiac or VEAR		Interval Be Onset and
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PHYSICIAN: MEDICAL C	21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the disease, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the con	Complications that caused . Liet only one cause on each . Liet only one cause on each . Liet only one cause on each . Due to (or as a contributing to death but . Due to (or as a contributing to deat	CONSEQUENCE OF): t not resulting in	tenter tha mode of the underlying certain the	of dying, auci	Part I. 24a. W PE 1 Y V V V V V V V V V V V V V V V V V V	S AN AUTOPSY RFORMED?	Interval Be Onset and Onse
ED BY PHYSICIAN: MEDICAL C	21. SIGNATURE OF FUNERAL SERVICE L 23. PART I. Enter the disease, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	complications that caused . Liet only one cause on asc a. DUE TO (OR AS A C DUE TO (OR	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in LALE tient 3 DOA 26b, TIME INJU At home, farm, str	at enter the mode of the enter the mode of the enter the mode of the enter the mode of the enterth of the enter	of dying, auci	Part I. 24a. W/PE 1 Y	S AN AUTOPSY RFORMED? ES 2 NO	Interval Be Onset and Onse
ETED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the disease, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Suicide 6 Could not be determined.	Complications that caused in Liet only one cause on and an an an an an an an an an an an an an	tient 3 DOA 20b. TIME INJU	tenter tha mode of the control of th	LU // of dying, auci A L Grant (Ch Residence AT 2 NO	Part i. 24a. Wipe in the cause(e) enter the cause(e	S AN AUTOPSY RFORMED? ES 2 NO DOW INJURY OCCU	Interval Be Onset and Onse
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1	1 . 8	FOR STATE REGISTRAR	30	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	1. DEC	CEDENT'S NAME (First,	Middle, Last)		2. DATE O	F OEATH

/		CERTIFI			REG.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATI	H DAY	3. TIME OF OEATH
GARY C	OOPER				FEBUARY		
4. SOCIAL SECURITY NUMBER	5. SEX 8. AG		IF UNDER 1 YEA MONTHS DAY		7. DATE OF BIRTH (Month, Day, Yea 7/28/4		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give :	A -	45	OF CITY AV.	/N OR LOCATION OF DE			Maryland
THE JOHNS HOPKIN				MORE CITY			TIMORE.
RESIDENCE OF DECEDENT		I a a a a				1 081	
10a, STATE 10b, COUNT	Y	10c. CfTY,	, TOWN OR LO				10d. INSIDE CITY LIMITS?
Md.			B	altimore		T	1 X YES 2 NO
131 N. Aisqui	th Street			21202		10g. CITI	U.S.
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE		13. WAS 1	DECENDENT OF HISPAN , specify Cuban, Mexica	NIC ORIGIN? (Specify	Yes or No-	14. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF			YES 2 NO Specify		,	Specify: Black
15. DECEDENT'S EDU	JCATION a completed	16a. DECEDENT'S L	JSUAL OCCUP	ATION	16b. KIND OF	BUSINESS/IND	
(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	Hite Do NOT use	ork done during retired.) Disab	most of working 1 e d			
17. FATHER'S NAME (First, Middle, Last)	ozzlej no			10000	ME (First, Middle, Me		
Benjamin H 19a. INFORMANT'S NAME (Type/Print)	awkins	404 444 474	A CORPOR (C)		a Coope		0-41
The same of the sa			and the same of	decad Number or Rural			
Cora Hawkins 20a, METHOD OF DISPOSITION	Τ.						alto.Md.2120 City or Town, Stata
# Burtal 2 ☐ Cremetion 3 ☐ Ram	noval from State	other place		Commercy, cremetory or	4 /		
4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE		UTUS 22 NAME	E AND ADDRESS OF FA		ALDUC	us, Maryland
The state of the s	21.4						
Noutha	Hear	#281	E.L	.Phillip	s Funer	al Ho	me1721-27Mon
resulting in deeth) Sequentially list conditions,	b. DUE TO (OR A	S A CONSEQUENCE OF):	3935		-	
If any, leading to immediate ceusa. Enter UNDERLYING CAUSE (Disease or Injury	G	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d					
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ceusa. Entar UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	d	3 19272-		ving cause given in	Part I. 24s. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDING
ceusa. Entar UNDERLYING CAUSE (Disease or Injury that initieted events	d	3 19272-		ying cause given in	PEI	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditio 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER 1 PROCESSING BANK	HOSPITAL: 1 1 M Inpetient 2 ER/C 26a. DATE OF INJUE 26a. PLACE OF INJUE	but not resulting in but not r	OTHER: 4 Nursing E OF	5. PLACE OF DEATH (C/r Homa 5 Residence INJURY AT WORK? YES 2 NO offlice	neck only one) 6 Other (Specify) 26d. DESCRIBE H 26f. LOCATION (St. City or Town. St. City or Town.	OW INJURY OCI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED Or Flural Floute Number,
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AL RECORDS, P.O. BOX 13146, BALTIMONE, MANYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within zx-riours after death. Page much the arms to the housital or attending physician.	TO THE FUNEPAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimentary and the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifica	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

be filed within 72 hours after death with the State Dept. of Health and Mental Physiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND /	DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF D	EATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMENT 0		MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Last)		, e		2. DATE OF DEATH		3. TIME OF DEATH
GRACE R	CANAVINO			02 04	1990	3:35PM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs	.,		7. DATE OF BIRTH (Month, Day, Year)	8. Bit	RTHPLACE (State or Foreign untry)
226-12-5044	1 - M 2 X F 6	7 YRS. MONTHS DA	YS HOURS MIN.	02/04/2		ST VIRGINIA
9a. FACILITY NAME (If not institution, give at	reet and number)	9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY O	
GREATER BALTIMORE	MEDICAL CENTER	TOWSO	DN		BALTIN	MORE
10a, STATE 10b, COUNTY		10c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
1, JULY TO RULL	MORE	1001	200			1 TYES 27 NO
10e. STREET AND NUMBER	\sim \sim		10f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
1307 BYOT	1 lount Ko	AO	3111		U.	S. H.
11, MARITAL STATUS 1 Never Married Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2°		DECENDENT OF HISPAN s, specify Cuban, Mexica		or No- 14, R	ACE — American Indian, llack, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		YES 270 NO Specify		S	pecify:
15. DECEDENT'S EDUC	CATION 166	DECEDENT'S USUAL OCCU	PATION	145 KIND OF BU	SINESS/INDUSTR	734112
(Specify only highest grade	completed)	(Give kind of work done durin life. Do NOT use retired.)	g most of working	TOLK KIND OF BU	31142337114003114	,
Elementary/Secondary (0-12)	College (1-4 or 5+)	AT HOW	15			
17, FATHER'S NAME (First, Middle, Last)		I FIQI	18. MOTHER'S NA	ME (First-Middle, Malden	Surname)	
ARTHUR	RATLIFF		10:00	Rink	SR	
19a, INFORMANT'S NAME (Type/Print)	7.11	19b. MAILING ADDRESS (St	reet and Number or Rural i	Poute Number, City or Tox	m, State, Zip Code)
FAMILY K	202023	SAM.	AS AP	SAVE		
20s, METHOD OF DISPOSITION	20b. PL	CE OF DISPOSITION (Name	of cometery, crematory or	20c. LC	CATION — City o	r Town, Stata
Burlel 2 Cremation 3 Remo	oval from State	LANSY VAL	TEXI FW.	GAR. II	moniu	m Mp.
21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE ()	22. NAN	E AND ADDRESS OF FA	CILITY - CL	Wec	1
► 100 T		ΣV	AU? CHAYS	T8 - Cui	The	
23. PART I. Enter the diseasea, or o	Naw 14	1012	SOS YOR	K KOAU -	1100	min
	List only one cause on each		mode of dying, suc	n as cardiac or resp	iratory arreat,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition						Onset and Death
resulting in death)	 CARDIAC A 					
Î	DUE TO (OR AS A CO	VSEQUENCE OF):				i
Sequentially list conditions,	bDUE TO (OR AS A CO	NSEQUENCE OF:				
If any, leading to immediate cause. Enter UNDERLYING						
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):				
reaulting in death) LAST	2					1
	u					
PART II. Other algnificant condition	a contributing to death but r	ot resulting in the under	dying cause given in	Part I. 24s. WAS AP PERFO		24b. WERE AUTOPSY FINDINGS . AVAILABLE PRIOR TO
				1 TES	NO	OF DEATH?
						1 - YES 2 - NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	8. PLACE OF DEATH (Ch	eck only one)		
1 TES 2 NO	1 Inpatient 2 ER/Outpatie	nt 3 DOA 4 Nursing	Home 5 - Residence	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		c. INJURY AT WORK?	28d, DESCRIBE HOW	INJURY OCCURE	D
2 Accident Investigation			YES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — I building, etc. (Specify)	At home, farm, street, factory,	office	281. LOCATION (Street City or Town, State	and Number or Ru)	rel Route Number,
(Girdon Girly)	ICIAN: To the best of my knowledg R: On the basis of examination an					rse(a) and manner as stated.
196. BIGNATURE AND TITLE OF CONTIFIES		and T. 1910.	29c. LICENSE NUI		29d. DATE SIG	
	VM VI		are cicense noi	2000	D 2/	4198
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEATH	(ITEM 27) (Non-Print)			-/	1 01001
Succes L	Millo.	The highest	M C 670	4 NI CHADLE	C CT F	21204
31. DATE FILED (Month, Date 142)	10 PRO REGISTIAN'S SIGNATU		.M.C 670	N. CHARLI	20 01 11	SALTU. MD.
II LD (/ 0	1911 Guha Davre	toon-Aandello				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-rours after death. Page 6 may be retained	her death. Page 6 may be retained in the coupling or announing physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 share or details after the bear signed by the attending physician and completely filled in by the funeral director, page 5 share or details after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 shows by betach of the use as the burial-transit permit. Pages 1, 2, 3 should wal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	si examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE			
CERTIFICATE OF DEATH REG. NO.					

7	FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
		SEX 6. AGE (In yrs. los	st birthdey) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	JAN. 31 199	3. TIME OF DEATH 1. 3. M BIRTHPLACE (State or Foreign Country)
DIRECTOR	9a. FACILITY NAME (If not institution, give street AHONSY BSS RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	and number) -OVRT AP	9b. CITY	TOWN OR LOCATION OF DE		TIMORE LITY
	MARYLAND BALT	Timore	Lock	101. ZIP CODE	10g. CITIZER	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?
BY FUNERAL	2) 4 0 2 / 8 5 11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexico I VES 2 NO Specify	n, Puerto Ricen, etc.)	RACE — American Indian, Black, White, etc. Specify:
COMPLETED	9 YRS-	noleted) (G	ECEDENT'S USUAL OF the kind of work done to Do NOT use retired.)	SOR	16b. KIND OF BUSINESS/INDUS	TRY CO.
BE CO	17. FATHER'S NAME (First, Middle, Last)	J. CULLUM	\	18. MOTHER'S NA	ME (First, Middle, Melden Surneme)	ER
10	19a, INFORMANT'S NAME (Type/Print)	COROS	b. MAILING ADDRESS	(Street and Number or Rural I	Route Number, City or Town, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	I from State Cother pi	OF DISPOSITION (No	me of cemetery, crematory or	M PK: BALTS:	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	domars	2	325 YOF	K ROAD-T	monium
	23. PART I. Enter the diseases, or con- ehock, or haert fellure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	polications that daused the det only one cause on each line	~y(the mode of dying, suc	h se cerdlec or reepiratory stress	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	y Un	Mahe	X	
MEDICAL	PART II. Other significant conditions of	ontributing to deeth but not	resulting in the ur	nderlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		IOSPITAL:	OTHES	26. PLACE OF DEATH (Ch R: sing Home 5 Reeldance		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	RED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	tory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLETED	(Silver City)	/			to the cause(s) and manner ee stated time, date end place, end dua to the c	
BE	29b. SIGNATURE AND TITLE OF CENTURES	Day 2.	2/	DO T	MBER 29d. DATE S	SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (ITE		RANCIS	AVS	
	FEB 08 1990 gu	32. REGISTRAR'S SIGNATURE	Z.			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Pay the manned by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or the completely filled in by the funeral or the completely filled in by the funeral or the standard bear of Health and Mental Modele bring to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be noticed at once.

	st, Middle, Last)									OF DEATH			3. TIME OF DEATH
Robe	ert	DELE	EUW_						Tanı	arv 31		YEAR	11.05 P
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. last birth		IF UNDER 1		IF UNDER		7. DATE	OF BIRTH	,		HPLACE (State or Foreig
100-01- 81	100-01- 8115 1 XM 2 □ F		78	YRS.	MONTHS	DAY8	HOURS	MIN.	7/	23/11			I YORK
9a. FACILITY NAME (If not i	institution, give st	treet and number)			9b. CITY,	TOWN 0	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF E	
FRANKLIN SQUARE HOSPITAL											Ba1	timo	re
RESIDENCE OF DE	10b. COUNTY	1	•	10c. CIT	Y, TOWN OF	R LOCAT	ION						10d, INSIDE CITY
MD.	BALTI	MORE		WHI	TE MA	ARSH	[LIMITS?
10e. STREET AND NUMBER	9					101. ZIP CODE					10g. CIT	IZEN OF	WHAT COUNTRY?
5821 STEVE	ENS RD.						2116	2				U.S.	A.
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF							N? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, stc.
1 ☐ Never Married 2 ☐ 3 [X:Widowed 4 ☐ Div	_		WAR OR DATES	NO			2 X NO			Rican, atc.)		Spec	
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(Specify on	CEOENT'S EDU	completed)	(0		Work done di			ng	161	b. KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary ((0-12)	College (1-4 or 5	RE'		ou roinou.y					FDGFWC	70D Z	RSIN	IAL BASE
17. FATHER'S NAME (First, I	Middle, Last)		IXE.	1.			18. MOT	HER'S NA	ME (First	Middle, Melden		INDII	THE DAIDE
LOUIS OTTE	ENHEIME	:R								SENBLU			
19s. INFORMANT'S NAME ((Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Numbe	or Rural	Route Nurr	aber, City or Tow	n, State, Zic	o Code)	
CHARLOTTE	DAVIS			2238	CREST	r RD)., E	BALTI	IMORI	E, MD.	212	209	
20s. METHOD OF DISPOSI 1 Duriel 2 Cremeti			20b. PLACE other p	OF DISPO	SITION (Nan	ne of cen	netery, crer	natory or		20c. LO	CATION -	City or To	own, State
MINIEDIATE CALICE IS	leal												Interval Betw
IMMEDIATE CAUSE (Fidisesse or condition resulting in death) Sequentially list condition if any, leading to immedues. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	ltions, ediate ying lury	Pneume b. Due to Chron	rent Asp (or as a consecution) (or as a consecution) (or as a consecution)	OUENCE O	F): IS								Interval Betw Onset and D
disease or condition resulting in death) Sequentially list condition any, leading to immocause. Enter UNDERLY CAUSE (Disease or in) that initiated events	itions, ediate YING lury	DUE TO Pheume Chron Due To Due To	(OR AS A CONSE Onia (OR AS A CONSE IC Chola (OR AS A CONSE	OUENCE O	F): F): 1S	derlyInq	j cause	given in	Pert I.	24s. WAS AN	AUTOPSY MMED?	241	
disease or condition resulting in death) Sequentially list condition any, leading to immocause. Enter UNDERLY CAUSE (Disease or injuitat initiated events resulting in death) LA:	itions, ediate YING lury	DUE TO Pheume Chron Due To Due To	(OR AS A CONSE Onia (OR AS A CONSE IC Chola (OR AS A CONSE	OUENCE O	F): F): 1S	derlying	j cause	given in	Pert I.	24a. WAS AN PERFOR 1 YES 2	RMED?	244	Onset and D
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DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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FUNERAL D
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the Property be retained by the hospital or attending physician.	from particles and the detached for use as the burial-transit permit. Pages 1, 2, 3 should	be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Property of the prop	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the latenth of fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or emmonent	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical expliner must be notified at once.	

1 - FOR STATE REGISTRAR	STATE STATE OF MARTIERING OF DETAIL AND MEMIAL BIGICAL											
1. DECEDENT'S NAME (First,	Middle, Last)				J, (,		2. DATE OF DEATH 3. TIME OF DEATH					
HELEN	VIRG	INIA DO	UGHER	ГУ			Febr	uary 4	. 19	90	1:30	ам
4. SOCIAL SECURITY NUMBER		6. SEX		. lest birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH	1	0. BIRT	HPLACE (Ste	ite or Foreign
220-14-1608)	1 🗆 M 2 💢 F	79	YRS.	NONTHS DAY	74	Pec.	28, 1		_	cyland	d
9a. FACILITY NAME (If not in						N OR LOCATION OF D	DEATH		9c. COUR	TY OF	DEATH	
Belair Cor	wales	irum			Ва	ltimore.						
10a, BTATE	10b. COUNTY	1		10c. CITY,	TOWN OR LO	CATION					10d. INSI	
Maryland	Car	roll			Sykesu	ille					1 YES	2 NO
104. STREET AND NUMBER						101. ZIP CODE			10g. CITI	ZEN OF	WHAT COUN	
Springfiel	ld Sta	te Hospia	al			21784				USA		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS (ECENDENT OF HISPA	NIC ORIGI	17 (Specify Yes	or No-	14. RAC	E — Americ	an Indian,	
1 Never Married 2	The state of the s	IF YES, GIVE W				epecify Cuban, Mexico		Rican, atc.)	- 1	Spec	olfu:	
3 Widowed 4 Divo											wh	ite
15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	16a	(Give kind of wo	ork done during	NTION most of working	16b	. KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0	3-12)	College (1-4 or 8 a)	Homema	IIII Commercial			Auto	Home	•		
17. FATHER'S NAME (First, M	Modella 1 ==41			nomema	icel	40 14000150010 111	AME (PL			<u>د</u>		
Wilbert		2112				16. MOTHER'S NA		Manle. Manle				
19a. INFORMANT'S NAME (ove		401 1444 140		et and Number or Rural				0.11		
	,	hante									1021	
Richard F.		rerry	L age By			Park Ct.,		20c. LOC				
1 🕅 Buriel 2 🗆 Cremetic	on 3 🗆 Rem	oval from State	oth	er place)		rial Park		El				
4 Donation 8 Other		CENSEE	Mead	iowicag	22. NAME	AND ADDRESS OF F	ACILITY	L.C.	ena	ر کال	MU	
1/1/		001)			RT C. ALT						
1.10	Mye	(White	21		6009	Harford	Rd.,	Balti	more	, MI	212	214
23. PART I. Enter the d shock, or h	lisessés, or d laart Jellure.	complications the List only one cau	caused the	a daath. Do no Ilna,	ot anter the	mode of dying, au	ch as car	diac or respir	ratory arr	reat,		proximata erval Between
IMMEDIATE CAUSE (Findisesse or condition_	nel	CAK	2011	UOR	14	DF.	BK	CA	57		One	set and Death
resulting in death)												
		0010	7-4	M	E71	7577AS	CI	7	0		!	
Sequantially list condit	ions,	DUE TO	(OR AS A CO	NSEQUENCE OF):			,		_		
cause. Enter UNDERLY CAUSE (Disease or Inju	ING	a 100	NG									
that initiated events		DUE TO	(OR AS A CO	NSEQUENCE OF):							
resulting in death) LAS	er L	d										
PART II. Other significa	ant condition	na contributing to	death but r	not resulting in	n the underl	ving causa given in	n Part I.	24a, WAS AN	AUTOPSY	24	b. WERE AUT	TOPSY FINDINGS
		ENT						PERFOR			AVAILABLE	E PRIOR TO ION DF CAUSE
						· · · · · · · · · · · · · · · · · · ·		1 TYES 2	□ NO		OF DEATH	17
-											1 U YES	2 🗌 NO
25. WAS CASE REFERRED T	TO MEDICAL				26	PLACE OF DEATH (C	Check only o	ne)		_1_		
EXAMINER?		HOSPITAL:	FR/Outerest-	m 3 🗆 BOA	OTHER:	fome 8 - Residence	- 11					
27. MANNER OF DEATH		28e. DATE OF	INJURY	286. TIME		INJURY AT	7	SCRIBE HOW II	NJURY OC	CURED		
	Pending	(Month, E	ay, Year)	INJU		WORK? YES 2 NO						
2 Accident 3 Suicide	Investigation			At home, farm, at	treet, factory, o	offica	281. LO	CATION (Street a	nd Number	r or Rurai	/ Route Numb	ber,
4 Homicide	Could not be determined	building,	etc. (Specify)				City	or Town, State)				
29a, CERTIFIER	TIPVING PUVO	ICIAN: To the best of	my knowledge	a death accur-	d at the time	fate and place, and du	ue to the co	unale) and	mer en -t-	ted		
(Crings-crity	10	7				n, death occured at th					(a) and man	ner as stated.
ESD. SIGNATURE AND SYCE					. ,			,,			1	,
The sound of the same of the s	ell	en				290 LICENSE NI	3 K	4	Z9a. DAT	2/	(Month, D	TJ
30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type,	Print) RO	. BA	47	D. 1	ur	1	1/2	10
31. DATE FILED (Month, Day,	Yber)	32. REGISTRA	R'S BIGNATU	RE		,			- 427		, ,	1
IIFEB 0.8 1991		Mary and Mary At	SACING WINDS									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-refurs after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exami

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1	1. DECEDENT'S NAME First, Middle 10-11. 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH FED 2 9 4: 42a4.42 M									
	4. SOCIAL SECURITY NUMBER 220-22-3883 5. SEX 6. AGE (In yrs. lest birthdey) 61 rs. MONTHS DAYS HOURS MIN. (Month, Dev. Year) 111-12-1928 BIRTHPLACE (State or Foreign Country) MARYLAND									
OR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 8c. COUNTY OF DEATN CHURCH HOSPITAL CORPORATION BALTIMORE									
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION 100. CITY TOWN OR LOCATION 100. HNSIDE CITY LIMITS? LIMITS? 1 YES XX NO									
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1027 BAYNER ROAD 21221 U.S.A.									
BY FUN	11. MARITAL STATUS 1									
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 8TH GRADE N/A 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
TO BE COMPL	17. FATNER'S NAME (First, Middle, Last) EDWARD M. DEGUTIS 18. MOTNER'S NAME (First, Middle, Meiden Surname) EVA STAMBORSKI									
2	199. INFORMANT'S NAME (TyperPrint) 199. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) EVA TORMOLLAN 200. METHOD OF DISPOSITION 200. DISPOSITION (Name of cemetery, crematory or City or Town, State)									
	20. SIGNATURE OF FUNERAL SERVICE LICENSEE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DUDA—RUCK FUNERAL HOME OF DUNDALK, IN									
CERTIFICATION	immediate cause (Fine) disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of): Oue to (or as a consequence of):									
MEDICAL CE	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. Care now upper lake light lung CARCINOMA UPPER LOBE RIGHT LUNG 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO									
D BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
O BE COMPLETED	4 Nomicide 4 Nomicide 4 Nomicide City or Town, Stete) City or Town, Stete) City or Town, Stete) 29e. CERTIFIER (Check only one) 1 VERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(e) end menner as stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (North, Dey, Voor) 297. DATE SIGNED (Morth, Dey, Voor) 298. LICENSE NUMBER 299. DATE SIGNED (Morth, Dey, Voor) 299. SHETTY, M.D.									
	150 Church Hosperter, 180 N. Broadway, Ball 11 21231 31. DATE FILED (Month, Day, Year) 52: REGISTRAR'S SIGNATURE FEB/08 1990 Grand Devidson-Randelle									

DNMH-16 Rev 1/89

ITEMS: 23,27 per ME G-660

	2-28-90 cm										
	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF HEATICATE OF D			_				
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF D	EAIH	REG. NO).	3. TIME OF DEAT	Н		
	DAVID	JAN	al	DIXON		2-7-90	DAY YI	9:00AM	M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)		UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Fo.	reign		
		1 🗷 M 2 🗌 F	YRS.	MONTHS DAYS HO	OURS MIN.	(Month, Day, Year)		MATY/AND	d		
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN OR L	OCATION OF DE		9c. COUNTY				
O.	Maryland General	. Hospital		Balt.	imore C	City					
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10c, CI	Y, TOWN OR LOCATION				10d. INSIDE CITY			
DIRECTOR	MD.	1	BAlto.	City	r		LIMITS?				
	10e. STREET AND NUMBER			101. ZII	CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	2527 Bro	okfield	Ave	2	121-	7	U	SA			
1 2	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES				IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	e or No 14.	RACE — American India Black, White, etc.	₽n,		
ВУ	1 Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			NO Specify			Specify: Q			
	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPATION	-	16b. KIND OF BI	ISINESS/INDUS	TRY			
ETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during most or se retired.)	working						
P			IN]	FANT							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16	. MOTHER'S NA	ME (First, Middle, Maide	Surname)	60			
BE (HNGELO FRANC	15 41	NGY		DALL	ANA YY	ette	Brown	V		
10	19a. INFORMANT'S NAME (Type/Print)	7.	19b. MAILIN	ADDRESS (Street end I	Vumber or Rural I	- 1 / A	wn, State, Zip Co	0) 2/2/5	7		
4	MAGELO F.	DIXON	45	7 0	1001 F	riela f	VE	BAITO MI	}		
	200. METHOD OF DISPOSITION 1 W Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 200. PLACE OF DISPOSITION (Name of cometer), crematory or other place) VESTERN STAT Cemeter, Crematory or other (Specify)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY / 27/ N/ NO CTA AVE										
	Dume B.	rown		WM	Br	OWNC	DIM MIN	Sity F H.			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart failure. List only one cause on each line.										
	IMMEDIATE CAUSE (Final	List only one cause on	each ine.					Onset and			
	disease or condition resulting in death)	.SUDDEN INF.	ANT DEATH	SYNDROME							
		DUE TO (OR AS	A CONSEQUENCE	OF):							
NO NO	Sequentially list conditions,	b. DHE TO (OR A)	A CONSEQUENCE (MED:							
AT	if any, leading to immediate cause. Enter UNDERLYING	552 10 (611)	A CONCLUCE O	. ,.							
윤	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE	OF):							
CERTIFICATION	resulting in death) LAST	d									
5	PART II. Other significant condition	ns contributing to death	but not resulting	in the underlying c	ause given in	Part I. 24a. WAS A	N AUTOPSY	24b. WERE AUTOPSY FI	INDINGS		
<u>8</u>						PERF	PRMED?	AWAILABLE PRIOR COMPLETION OF (
MEDICA							2 [] 110	OF DEATH?	NO		
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF DEATH (Ch	eck only one)		•			
YSI	XXYES 2 NO	1 Inpetient 20XER/O	utpatient 3 🗆 DOA	OTHER:	5 Residence	6 Other (Specify)					
표	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJUR (Month, Day, Year	Y 286, TII	JURY WORK	?	28d. DEŞCRIBE HOW	INJURY OCCUP	RED			
B	2 Accident Investigation	20° BI ACE OF BUILD	DV At home from		2 NO	281, LOCATION (Street		0-10-1			
ED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S)		street, factory, office		City or Town, State		rsurat rivute NUTIDAT,			
9	29 CERTIFIER 1 CERTIFYING PHYS	IICIAN: To the best of my kn	owledge death occur	and at the time date an	d place, and due	to the cause(s) and m	enner se stated				
COMPLETED	Total VVV	ER: On the basis of examing							stated.		
	296. SIGNATURE AND YELE OF CENTY-IE		W		C. LICENSE NUI			IGNED (Month, Day, Year)			
BE	bhlal'	hoph	V//	/	OCME			2-7-90			
5/	30. HAME AND ADDRESS OF PERSON WI										
100	/JULIA C. GOODIN	,MD	1	.11 Penn S	treet, E	Baltimore,	MD 2120)1	7		

32. REGISTRAR'S SIGNATURE a Davidson

the hospital or attending physician.
I detached for use as the burial-transit permit, Pages 1, 2, 3 should **ABYLAND 21203-3146** BALTIMORE TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the kineral direction filled within 72 hours after death with the State Dept, of Health and Mental Hyglere prior to burial, cernation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any intury, or other traumatic avents the marked asserting. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

BALTIMONE, MARYLAND 21203-3146	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Par the contract of attending physician.	d completely filled in by the functor director and the detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ed within 24 t	ompletely fille
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Presenting the law per an included by the attending physician and competely filled in by the human directions as attending the property of the p

31. DATE FILED (Month, Day, Year) -9

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- STATE REGISTRAR		STATE OF M				HEALTH AND		GIENE G. NO.		
1. DECEDENT'S NAME (First	Middle, Last)	Margaret	Elizab	oeth 1	Evans	77.77	2. DATE OF DE MONTH			3. TIME OF DEATH 3:18A
4. SOCIAL SECURITY NUM	BER	8. SEX 1 M 2 F	6. AGE (In yrs. Ia 79	yrs.	IF UNDER 1 YEAR	3 200,000	7. DATE OF BIR (Month, Day, 12/1	0/10	8. BIRT Coun	HPLACE (State or Foreign htty)
98. FACILITY NAME (If not have also well as the second sec	MBARD S	resident libraria			1	OR LOCATION OF C		9c. CO	UNTY OF	DEATH
RESIDENCE OF DE	10b. COUNTY	,		10c. CIT	r, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
MD.				BAI	TIMORE	CITY of, ZIP CODE		I as a	*******	1 TYES 2 NO
889 W. LOI		ਸਤਕਾਨ			[]	UI. ZIP CODE		10g. CI	U.S.	
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Div	Married	12. WAS DECEDENT	YES 2		If yes, s	ECENDENT OF HISPA specify Cuben, Mexic ES 22 NO Spec	can, Puerto Rican,		14. RAC Blac Spe	CE — American Indian, ck, White, etc.
15. DEI (Specify on Elementary/Secondary (CEDENT'S EDUC ly highest grade (0-12)	CATION completed) College (1-4 or 5 +	\$	Give kind of v is. Do NOT us	20000		16b. KIND	OF BUSINESS/IP		
17. FATHER'S NAME (First, A	Aiddle, Lest)			HOMEN	IAKER	18. MOTHER'S N	AME (First, Middle,	Maiden Surname)		
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS (Stree	t and Number or Rura	al Route Number, City	y or Town, State, 2	Zip Code)	4
HOWARD MC 20s. METHOD OF DISPOSI 1 Burial 2 Cremati	TION	oval from State	20b. PLACE	E OF DISPOS	SITION (Name of o	cemetery, crematory or	,	20c. LOCATION -	- City or 1	Town, State
4 Donation STO Other	r (Specify) Ins	tate Rem	oval							
23. PART I. Enfer the		complications the	se on each lin	10.	not enter the m		uch aa cardlec o	r reapiratory a	arreat,	Approximata interval Betw
immediate cause (Fi disease or condition resulting in death)	mal	a. DUE TO	(OR AS A CONS	COUL	ery /	Leart	De	tear		Onset and D
Sequentielly list conditions, leading to immucause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	ring ury	b	OR AS A CONSI	EQUENCE OF	pail	Least Lever	din			
PART II. Other algnific	ant condition	e contributing to	death but not	reaulting	in the underly	ing cause given i		WAS AN AUTOPS PERFORMED? YES 2 70	Y 24	Ab. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	Des Experilla		OTHER:	PLACE OF DEATH (_ ~ ~			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF	INJURY .	28b. TIM	IE DF 28c. I	ome 6 Residenc NJURY AT WORK? YES 2 NO		elly) E HOW INJURY C	CCURED	
3 Suicide 6		26a. PLACE O building,	F INJURY — At I etc. (Specify)	home, farm,	street, factory, of	tics	28f. LOCATION City or Tow	(Street and Numi m, State)	ber or Rura	I Route Number,
- Indilicina	determined			N	(A.					
294. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of								e(e) and manner as state

2/225

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

REGISTRAR'S SIGNATURE

BALTIMORE MARYLAND 21203-3146	by the hospital or attending physician.	as from the detached for use as the burial-transit permit. Pages 1,		wellhed at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-7-curs after death. Page arms by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director areas a find the director as the burial-transit permit. Pages 1,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be an once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN YEAR 02-03-90 12:49A NORMAN **EASTHAM** 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 12-03-03 105-26-3069 1 X M 2 - F 86 Rhode Island 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN GREATER BALTIMORE MEDICAL CENTER BALTIMORE TOWSON DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Towson 1 XYES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 619 Stevenson Lane 21204 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yea, apecify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 🕅 Widowed 4 🗌 Divorced WHITE COMPLETED 18e. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUICATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 8+) 5+ Dean Education 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME /First Middle Maiden Sumame James Eastham Mary Johnston BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 619 Stevenson Lane, Baltimore, MD James N. Eastham, 20a. METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremation 3 X Removal from State
4 □ Donation 8 □ other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Mount St. Mary's Cemetery Flushing, NY 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 21. SIGNATURE OF PIMERAL SERVICE LICENSEE VII. 6009 Harford Rd., Baltimore, MD 23. Perr i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart-deliure. List only one cause on each line. Approximate intervei Between IMMEDIATE CAUSE (Fine) Onset and Death disesse or condition CARDIO PULMONARY ARREST resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF: ANTERIOR CERTIFICATION Sequentielly list conditions, If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) FXAMINER? HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE NOW INJURY OCCURED INJURY 1 Netural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, farm, street, lectory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datarmined COMPLETED 4 🗌 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, OATE SIGNEO (Month, Day, Year) BE SERMIN 90 2

2-12-90 cm FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO			
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
1	Henry G. Ebe	erwein				2-5-90 h	AY YEA	" 11:05 P M	
			n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Foreign	
1		M 2 D F 7(YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 9-5-19	19 Ba	alto.,Md.	
_	9e. FACILITY NAME (If not institution, give street	end number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH	
013	265 Starkey Lane	2		Elkto	n, Md.		Cecil		
DIRECTOR		Md. Cecil						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 265 Starkey Lane	e Elkto	on	1	21921		U.S.A	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,		NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)		RACE — American Indian, Bleck, Whita, etc. Specify:	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S (Give kind of v life. Do NOT us	rork done during r	TON nost of working	16b. KINO OF BU			
ا پ	bth	college (1-4 or 5+)				_			
Ž	17. FATHER'S NAME (First, Middle, Last)		Truc	k Dris		Truc			
3	The state of the s						Sumame)		
BE	CHarles Eberwein	1			Anna				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
	Mary F. Eberwein	The second secon				Elkton,	CATION - City		
	20a METHOD OF DISPOSITION 1 □ Suriel 2 □ Cremetion 3 □ Remove	from State	other place)		emetery, crematory or				
	4 Donation 5 Other (Specify)		Parkwoo		etary		lto.MI).	
	I. Signature of Funeral Service Electric			Brad	lley-ASh	ton FUne		Ome, INc.	
CERTIFICATION	ahock, or heert feilure. List only one ceuse on aech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Late of the ceuse of line interval and the consequence of the ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Late of the ceuse of line interval and Death of the ceuse o								
	PART II. Other aignificant conditions of	contributing to death b	ut not resulting	n the underly	ng cause given in	Part I. 24e. WAS AI	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
: MEDICAL						PERFO 1 TYES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (CI	heck pnly one)			
ᅙ		OSPITAL:	etleet 3 🗆 DOA	OTHER:	9	6 Other (Specify)			
Ë	27. MANNER OF DEATH	28m. DATE OF INJURY	28b. TIM	4 Nursing H	NJURY AT	28d. DESCRIBE HOW	INJURY OCCURI	ED	
- 1	1 Natural 6 Pending	(Month, Day, Year)		URY	VORK? YES 2 NO				
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,			281, LOCATION (Street City or Town, State	end Number or F	Rural Route Number,	
TED	4 Homicide determined					Out of town, orange	,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER:							use(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MOER	29d. DATE SA	GNED (Month, Day, Year)	
2	mu rit bu	n h D			0048		. 1.	6190	
2	30. NAME AND ADDRESS OF PERSON WHO C		ATH (ITEM 27) (Type	, Print)	1 00 (12 3		7.10	
	<u> </u>							<u>.</u>	
	FEB 08 1990" Juli	2. REGISTRA	7.7						

described for use as the burial-transit permit. Pages 1, 2, 3 should ossital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 flours after death. Page 6 may be received by the attending physician and completely filled in by the tuneral director, page 5 income sentiled the filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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A	er death with the St	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIEN		- 2		
	1. DECEDENT'S NAME (First, Middle, Last)	ORNISH	Ennels	IOATE OF	DEATH	2. DATE OF DEATH		S. TIME OF DEATH		
1 1			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign		
	217-10-8206	□ M 2 🔀 F	74 yrs.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1 – 18 –		Country) M.D.		
	9a. FACILITY NAME (If not institution, give stree	t and number)	· · · · · ·	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY			
TOR	Bon Secours Hospital Baltimore Cit									
DIRECTOR	Md. Balti	lmore Cit		altimo:	re City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1206 Oakhurst F				01. ZIP CODE 21216		10g. CITIZEI	N OF WHAT COUNTRY?		
S		2. WAS DECEDENT EVER		13. WAS DE		IIC ORIGIN? (Specify Ye		, RACE - American Indian,		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES			pecify Cuban, Maxica S 2 X NO Specify			Specify: black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted)	18a. DECEDENT'S	USUAL OCCUPAT work done during m	ION nost of working	16b. KIND OF BU	SINESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +)	Labor			Facto	251			
OM	17. FATHER'S NAME (First, Middle, Last)		Labor	<u> </u>	18. MOTHER'S NA	ME (First, Middle, Maider				
BE C	Edward Johnson				Julia	Spicer				
	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I	Poute Number, City or Tox				
2	James Ennels 1206 Oakhurst Place Baltimore, MD									
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	il from State	other place)					y or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Lewis H. E	Bonnelle	M	117		d St. Car		for Funerals		
Z	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart fellure. Liet only one cause on sech line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions			in the underlyl	ng cause given in		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICAL	GI BLE:	EDING					2 00 NO	COMPLETION OF CAUSE OF DEATH?		
ME	RESPIRATO	IRY FA	HLURE				//	1 TYES 2 NO		
Z										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)				
IXSI		Inpetient 2 ER/Ou		4 - Nursing Ho	me 5 Residence					
	27. MANNER OF DEATH 1/ Natural 5 Pending	(Month, Day, Year)		JURY W	JURY AT /ORK?	28d. DESCRIBE HOW	INJURY OCCUI	RED		
BY	Accident Investigation 3 Suicide a Could not be	28e. PLACE OF INJUR	IY — At home, farm.			281. LOCATION (Street	and Number or	Rural Bouta Number		
TED	4 Homicide 8 Could not be determined	building, etc. (Sp				City or Town, State)			
COMPLETED	CONTROL ONLY	AN: To the best of my kno						cause(a) and manner as stated.		
BE	290. SIGNATURE AND TITLE OF CERTIFIER	VK :	mo		29c. LICENSE NUI	MBER 256	29d. DATE 8	GIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	N BAL				10 2/223		
		32. REDISTRARIS DIG								

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ECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	, cremati	28 is marked, or liem 23 shows any injury, or other traumatic event, the medical exa-
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	1. Fr	7NK11	4-	2. DATE OF OEATH MONTH DAY	SEAR 1540 M
	428-54-9127	□M2×F	YRS. MONTHS		7. DATE OF BIRTH (Morth, Day, Year) 3/9/25	8. BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (II not institution, give street Kimbroung h RESIDENCE OF DECEDENT	Army H	05p. 7	ty, town or location of bi	ath se. o	AAA
DIRECTOR	10a. STATE 6. 10b. COUNTY	A.	Fot.	meade		10d. INSIDE CITY LIMITS? 1 TYES 2 NO
FUNERAL	29/2B Len 11. MARITAL STATUS	19 LOOP	Ft. me	101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
ВУ	1 Never Merried 2 Married This Widowed 4 Divorced		NO	If yes, specify Cuban, Mexica 1 YES 2 NO Specif	n, Puerto Rican, etc.)	Black, White, etc. Specify: WHITE
COMPLETED	15. OECEOENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) N. A.	10N 16a np/leted) College (1-4 or 5+)	Give kind of work don life. Do NOT use retired	e during most of working !.)	166. KINO OF BUSINESS OWN HOME	/INDUSTRY
BE COM	17. FATNER'S NAME (First, Mickillo, Last) LUÑDY LUCAS FRAN	KLIN			ME (First, Middle, Maiden Suman ANN WOOD	16)
10	19a. INFORMANT'S NAME (Type/Print) OBRYANT-O'KEEFE F.	н.		PASCAGOULA	Route Number, City or Town, State MS - 39567	, Zip Code)
	20a. METNOD OF DISPOSITION 1	I from State oth	JACKSO	Name of cametary, cramatory or N MEM, PARK	PASCA	OULA MS
1	21. SIGNATURE OF FUNERAL SERVICE LICEN	Eakins	2	2. NAME AND AODRESS OF FA H.W.JENKINS	AND SONS CO.	#4905 YORKROAD BALTIMORE MD. 21212
	23. PART I. Enter the diseases, or conshock, or heert failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	policetions that caused that only one cause on each	Sur V	Wound		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO				
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of	ontributing to death but i	not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTOF PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
SICIA		IOSPITAL:	or 3 DOA 4 DA	26. PLACE OF DEATH (CI ER: lursing Nome 5 Residence		
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (MONTH, Day, Was)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCUREO SE/5
	3 Sulcide 6 Could not be 4 Homicide determined	284 FLACE OF MURY building, etc. (Specify)	At home, farm, street, f	actory, office	281. LOCATION (Street and Nu- City or Town, State)	mber or Rural Route Number,
COMPLETED	cond only				a to the cause(s) and manner as time, date end place, and due	s stated. to the cause(s) and manner as stated.
TO BE C	206. SGNATURE AND TITLE OF CERTIFIER	Lamo	Depu	ty Do	MBER 29d. ▶	DATE SIGNEO (Month, Day, Year)
-	40. MAME AND ADDRESS OF PERSON WHO O	OMPLETED CAUSE OF OBATH	(ITEM 27) (Type, Print)	695	America	2 21005
	FEB 08 1990	July Durdon H	and all			

DHMH-16 Rev 1/89

1987 NO 832

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		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,	edical e
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2 8	giene p	ny injury, or other traumatic even
5	£	6
-	Menta	njury.
6000	h and	any
in River	Healt	0WS
-	0	2
2000	Ded	23
- Comon	State	Item
2 .0	静	0
Pine	with	rked
1000	death	item 28 is marked, or item 23 shows any
5	after	28
2	hours	item

	FOR STATE OF MARYLAN 1 - STATE REGISTRAR	D / DEPARTM			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y , YEAF	3. TIME OF DEATH
	CHARLES WILSO	N FOUST	1		Feb 5	90	12:05 AM
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a. Bif	TTHPLACE (State or Foreign untry)
	213-07-4509 1 M 2 D F 7	8 YRS.	ITHS DAYS	HOURS MIN.	2-5-1912		NSYLVANIA
	9e. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY O	FDEATH
DIRECTOR	FRANCIS SCOTT KEY		BALT	CITY			
H	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT				10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMORE		DUN	IDALK			1 TES 2XXNO
FUNERAL	10e. STREET AND NUMBER		101.	ZIP CODE			F WHAT COUNTRY?
Ä	6 PORTSHIP ROAD			212			.S.A.
5	11. MARITAL STATUS 1 Never Merried 2 Married FORCES? 1 YES X	S. ARMED	13. WAS DEC	ENDENT OF HISPANI rejty Cuban, Mexican	C ORIGIN? (Specify Yee , Puerto Ricen, etc.)	or No— 14. R/	ACE — American Indian, lack, White, etc.
BY	XX Wildowed 4 Divorced IF YES, GIVE WAR OR DATE	S	1 TYES	2XXNO Specify:		St	WHITE
	15. DECEDENT'S EDUCATION 16	a. DECEDENT'S USU	IAL OCCUPATIO	N .	16b. KIND OF BUS	INFSS/INDUSTRY	
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use rel	done during mo:		1000 (000)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PL	12TH GRADE N/A	HEATE	ER. CC	KE OVEN	IS BETH	HLEHEM	STEEL
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AE (First, Middle, Maiden	Surname)	
0	GEORGE M. FOUST			KATHE	ERINE GRU	JBBS	
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	DRESS (Street e	nd Number or Rural R	oute Number, City or Town	n, State, Zip Code)	
2	JAMES R. FOUST	6 PORT	SHIP	ROAD BA	ALTIMORE,	MARY	LAND 21222
	20a, METHOD OF DISPOSITION X Burlel 2 Cremation 3 Removal from State	LACE OF DISPOSITIO	N (Name of cen	netery, crematory or	20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	DOWRIDO	SE MEM	ORIAL 2	2-8-90 BA	ALTIMO	RE, MD
	21. SIGNATURE OF JUNETIAL SERVICE LICENSEE		22. NAME AN	IN ADDRESS OF FAC	JNERAL HO		
1	Devan Elle	X					MD 21222
\neg	23. PART I. Enter the piseases, or complications that caused the	ne deeth. Do not					Approximate
	shock, of heart-fallure. List only one cause on each	ina.				and y arroad	interval Between Onset and Death
	disease or condition resulting in deeth) a. Due to OR AS A CC	onary	failu	12			
z	Brainsten						
CERTIFICATION							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	1c_ 1m	54/86	ency			
E	that initieted events reaulting in death) LAST	DASEOUENCE OF):					
8	d						
4	PART II. Other significant conditions contributing to death but	not resulting in ti	he underlying	g cause given in l	000000		24b. WERE AUTOPSY FINDINGS
3					1 TES 2	2	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Æ						7	1 YES 2 NO
-					_		
BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	ck only one)		
Sic	EXAMINER? 1 ☐ YES 2 ☐ NO		THER: ☐ Nursing Hom	e 5 🗆 Residence	6 C Other (Specify)		
Ě	27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
7	1 Natural 5 Pending 2 Accident Investigation	30000		ES 2 NO			
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stree	t, factory, offic	•	28t. LOCATION (Street of City or Town, State)	and Number or Ru	rel Route Number,
	4 Homfelde determined						
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	ge, death occurred a	t the time, date	end place, end due	to the cause(e) end mar	nner as stated.	
COMPLETED	One) 2 MEDICAL EXAMINER: On the basic of examination of	nd/or investigation, is	n my opinion, d	eath occured at the	time, date end place, en	d due to the cau	se(e) and manner so stated.
BE C	29s. SIGNATORS AND TITLE OF CERTIFICE.	0		29c. LICENSE NUM	BER	29d. DATE SIGN	NED (Month, Day, Year)
10 8	Dal A- Wen, m			N.8.18	~	2/5	190
	WE NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	cate the de	ned co	enter (Batt 1	no	2124
1	31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	URE URE	400	/			_, _ /
	FEB 08 1990 Sucha Savidon Bando	00					

DHMH-18 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death than the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transfer of the completely filled in by the transfer of the complete of the complet	IMPORTANT: If item 28 is marked, or îtem 23 shows any injury, or other traumatic event, the medical tramines
24	file fion	the
Within	ripleteh	rvent,
xecuted	and co	natic e
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)		72			2. DATE OF DEATH		3. TIME OF DEATH
	ANGELO		D.	GLADDE	N	2-6-90	YEA	11:09 AM M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) 4mon yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/2689	Co	altimore
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN C	R LOCATION OF DI	HTA	9c. COUNTY O	F DEATH
TOR	Harbor Hospital				ore City		City	
FUNERAL DIRECTOR	MD Cit			y, town on Locat Seagu		altimore MD 2122	25	10d. INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 837 Seagull	Ave,		101	. ZIP CODE 21225			S • A •
BY FUN	11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	IN U.S. ARMED 2 ANO DATES	If yes, sp		NIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a, DECEDENT'S (Give kind of Me. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON st of working	16b. KIND OF BUS	INESS/INDUSTR	٧
BE COM	17. FATHER'S NAME (First, Middle, Lest) Angelo Gladden					ME (First, Middle, Maiden S Matthews		
TO B	19a. INFORMANT'S NAME (Type/Print) Mother					Route Number, City or Town altimore,		
1	2€. METHOD OF DISPOSITION f Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ovel from State	b. PLACE OF DISPO other place)	edar H	ill	Anne		del County
	21. SIGNATURE OF FUNERAL SERVICE LIK	Parson		Caro. Bali	pensser lina Fu timore	Cy Road neral Ser MD 21229	vices	
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Sudden In	each line.	th Syndr		h as cerdiec or respir	etory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	if eny, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	A CONSEQUENCE O					
MEDICAL	PART II. Other significant condition	s contributing to death	but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \text{NO} \)
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	LACE OF DEATH (C	neck only one)		
YSI	MXX‡s 2 □ NO	1 ☐ Inpatient 2 XXR/Out				6 Other (Specify)		
РНҮ	27. MANNER OF DEATH >D Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Till IN	JURY W	URY AT	28d. DEŞCRIBE HOW IN	IJURY OCCURE	0
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, ecify)		YES 2 NO	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of my kno-						se(e) and manner as stated.
BE	96. SIGNATURE AND TITLE OF FEMTIVE	TOTAL NV	0		29c, LICENSE NU OCME	MBER		NED (Month, Day, Year) -7-90
TO	JULIA C. GOODIN	I,MD			n Street	,Baltimore	MD 212	01 vc
	FEB 08 1990	Julia Davidson	~ Handall					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Plane	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral management.		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must here
nours after	ed in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	medical
5	/ FIR	tion.	the
d within	mpletel	, сгета	event,
be execute	cian and co	or to burlal	aumatic
ertificate	ing physic	rgiene pri	other tr
the	tend	E Te	0
the dea	the at	Ment	njury,
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aduires	en signe	of Health	hows a
W L	s bei	ppt.	3 8
The	rte ha	ate De	em 2
AN	tifica	e St	Dr 11
YSIC	S	中中	d,
NG PH	ther this	eath wi	marke
ENDI	R: A	ber d	S is
MI	RECTO	rs aft	n 28
L OR	HH.	hou	Her
PITAL	ERAL	In 72	T. H
HOS	FUN	with	TAN
TO THE	TO THE	be filed	IMPOR

			CERTIF	ICATE	OF	DEA	ГН		REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last) TOSEPH MAR	TIN GLE	ASOn	J					2. DATE MONTH	OF DEATN	Ť.	YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6	L AGE (In yrs	. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH , Day, Year)		8. BIRTN Countr	PLACE (State or Foreign
215-24-4011 9a. FACILITY NAME (If not institution, give at	1 XM 2 F	59	YRS.			R LOCATI	ON OF DI	7-1	4-19	30		RYLAND
18 DOVETAIL LA							SEX					IMORE
10e. STATE 10b. COUNTY	, BALTIMOR	E	10c. CIT	Y, TOWN C	R LOCAT		ESS	EX				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 18 DOVETAIL DA	ANE				10f.	ZIP COD		221				WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1X IF YES, GIVE WAS 1949				If yes, spe		OF HISPAI	NIC ORIGIN	? (Specify Ya		14. RACE	— American Indian, t, White, atc.
15, DECEDENT'S EDUC (Specify only highest grade	completed)	16a	. DECEDENT'S (Give kind of the Do NOT us	USUAL Of	CCUPATIO	N st of world	ng	16b	KIND OF BU	JSINESS/INDU	STRY	
9TH GRADE	College (1-4 or 5+) N/A			AINT					GRIE	F BRC	s,	INC
17. FATHER'S NAME (First, Middle, Last)	OT DA CON					10. MOT		er a legal a	Aiddle, Maldei		_	
JOHN WILLIAM (<u>JLEASON</u>		19b. MAILING	ADDRESS	S (Street a	nd Numbe				E HII	_	
MARY A. RUNGE			804							MORE.		21221
20a. METNOD OF DISPOSITION 1 Ligurial 2 Cremetion 3 Rem		20b. PL/	ACE OF DISPOS							OCATION — C		
4 Donation 5 Other (Specify)	oval from Stata		Y CRO	SS (CEM.	2-	9-9	0	GLEN	BURN	IE	MARYLA
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE CO	109		DI	JDA-		K F	UNEF		OME C		DUNDALK, MD 21:
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	OR AS A COM	REQUENCE O	OF):	RON	ARY	V.	ASCU	LAR	DISET	ts e	Onset and De
that initiated events resulting in death) LAST	d.	R AS A COM	ISEOUENCE O	PF):			_					
PART II. Other significent condition	s contributing to d	eeth but n	ot resulting	in the ur	nderlying	cause	given in	Part i.	24a. WAS A PERFO 1 YES	RMED?	246	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	PEATN (C/	neck only or	e)			
EXAMINER?	HOSPITAL: 1 inpetient 2 i	ER/Outpatien	1 3 DOA	OTHEI		5 X R	esidenca	6 🗆 Othe	r (Specify)			
27, MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF III (Month, Day)		28b. TIM		26c. INJ WO			-		INJURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — A	it home, farm,	street, faci					ATION (Street or Town, State	and Number o	or Rural i	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI												
one) 22 MEDICAL EXAMINE		mination and	2/or investigate	on, in my c	pinion, a				and place, a			
Chan at Ull		V 045	ED ILM	04		^	LG (97		29d. DATE	T	
	ST DEPUT				711/10	K D.	J-7 !			-	6	190
DO NAME AND ADDRESS OF PERSON WH J. M. NIETTE	O COMPLETED CAUSE		(ITEM 27) (Type	e, Print)		\ \(\nu_{\cdot}\)	- 1 :	ED	R. G	3/12/10	m	

frours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, or removal.	medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM CERTIFIC			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)		02.11.11.10		DEATH	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
MARY LOUISE HUET	H-COUNTY -				.2	7 90) м
4. SOCIAL SECURITY NUMBER 212-01-2692	5. SEX 6. AGE (In		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 16.1	1910 MAR	
9a. FACILITY NAME (If not institution, give str	eet and number)		CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF	
Union Memorial			BALTIN	10RE			
10e. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND		BAL.	TIMORE				1 X YES 2 NO
100. STREET AND NUMBER 3618 ECHODALE A	VE		101	ZIP CODE			WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U				IC ORIGIN? (Specify Yea	U.S.A	CE — American Indian.
1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DATE			2 X NO Specify	n, Puerto Rican, atc.)	Sp	ecity:
15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of work life. Do NOT use re	JAL OCCUPATIO	on st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Secre	·		, c	HIP BUII	DED
17. FATHER'S NAME (First, Middle, Last)			<u> </u>	16. MOTHER'S NA	ME (First, Middle, Maiden		DER
EDWARD L PIEL					RY Lucke		
190. INFORMANT'S NAME (Type/Print) RICHARD HUETHER					Route Number, City or Town		252
20a. METHOD OF DISPOSITION	20b. F	PLACE OF DISPOSITION			ROCKVILLE 20c. LO	CATION — City or	352 Town, State
1 M Buriel 2 Cremation 3 Remo		ARKWOOD	2/10/	90	BA	LTIMORE	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ard J. Ru			-
Heaf L. Henton			5305	HARFORD	RD. BALTII	MORE MD	21214
23. PART i. Enter the disesses, or c shock, or heart fellure. I	omplications that caused t List only one cause on each	tha death. Do not th line.	antar the mo	de of dying, suci	h ss cardiac or respi	retory arrest.	Approximsta interval Between
IMMEDIATE CAUSE (Final disesse or condition	Condia	And ist					Onset and Death
reaulting in death)	OUE TO (OR AS A C						3 mins
Sequantially list conditions,	. Atterosch	erotic Ca	rdio v	escular	disease		years
If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):					
CAUSE (Disease or injury that initiated events	OUE TO (OR AS A C	CONSEQUENCE OF):					12
resulting in death) LAST	1					PH.	U)
PART ii. Other significant condition					Part i. 24a. WAT AM		PERE AUTO-SY FINDINGS
Fall and		ture 6			1 TYES 2	(THO	COMPLETION OF CAUSE DEDMATH?
- Hudo de	neutra and	el depres	21'5/2 -	on the cy	die		1 DATE NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		7
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output		THER:	e 5 Residence	6 Other (Specify)		Wille
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	y WC	RK?	28d. OESCRIBE HOW I		
2 Accident Investigation	25e. PLACE OF INJURY -	At home, farm, stre		rES 2 NO	tell at N	,	
4 Homicide 6 Could not be determined	building, atc. (Specif)	" NURS		ome.	(City or Town, State)		J 40 Street
29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dga, death occurred a	nt the time, date	and place, and due			Balt mm 2124
	R: On the basie of examination	and/or investigation, i	in my opinion, d	eath occured at the	time, date and place, an	nd due to the caus	e(a) and menner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	1/2 No	1110		29c. LICENSE NUI		29d, DATE SIGN	EO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type Pr	int)	N553	334	4 Ke	15 4 0
Joseph W. Zeblev	III M.D. 7801			102			
31. DATE FILED (Month, Day, Year)	A PREGISTRAR STOCK	400		4.7.4			

75 17 75 1612

hospital or attending physician.

The permit Pages 1, 2, 3 should be as the burial-transit permit. Pages 1, 2, 3 should

AND 21203-3146

BALTIMORE,

1 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	1.20.000					- 0.		-	1120.110.			
	1. DECEDENT'S NAME (First, Middle, Last)	RANDY	SM	TTH	I	HUDS	ON		MONTH 10-90	Y	YEAR	3. TIME OF DEATH 7 • 56PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	088-50-4544	1 🔀 M 2 🗌 F	33	YRS.	MONTHS	MONTHS DAYS HOURS MIN. (Month, Day, Year) 7/3/56					NEW	y) YORK
	9a. FACILITY NAME (If not institution, give st	reet end number)			9b, CITY	. TOWN (OR LOCATIO	N OF DE		9c. COUN		
œ	1800 Ruxton - o						imor					
DIRECTOR	RESIDENCE OF DECEDENT	n Street				Dait	TIIIOT	6 01	Ly			
<u> </u>	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
E	maxil and			1	SA	11.3	22 00/1	0)				LIMITS?
	10e. STREET AND NUMBER	1	6 1	7	2111	101	. ZIP CODE			10g. CITIZ	EN OF V	VHAT COUNTRY?
FUNERAL	9517Clan	mich	10//	0.11	1		21	11:	2	/	11.	5.1.
۲	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	MED	13	WAS DEC	ENDENT O	E HISPAN	C ORIGIN? (Specify Yee	or No	14 BACI	- American Indian
	1 Affiver Merried 2 Merried		YES 2			If yes, sp		, Mexice	n, Puerto Rican, stc.)		Speci	E — American Indien, k, White, atu
BY	3 Widowed 4 Divorced	11 1E3, GIVE	ON DAILS			1 [] 123	2 22110	эрвспу			15	IACK
C	16, DECEDENT'S EDUC			CEDENT'S					16b. KIND OF BUS	HNESS/IND	USTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	liter	itve kind of a Do NOT u	work done se retired.)	during mo	st of working	g				
4			·									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	/	,				18. MOTH	ER'S NA	ME (First, Middle, Majden	Surname)		
0	(german H)	1ck an	10.				0	151	9 H11	dson	V	
BE	199 INFORMANTY HAME (Type/Print)		19	b, MAILING	ADDRES	S (Street a	nd Nymber	or Rural I	Route Number, City or Jown	n, State, Zip	Code)	14590
2	Mrs. Rosa H	udsma.	. 10	74	Hol	20.1	1.77	in	. Walce	14%	1011	Vint
	200. METHOD OF DISPOSITION	000000	20b. PLACE	OF DISPO	SITION (N	eme of cer	metery, crem	aton or	20c. LO	CATION —	City or Te	refr. ta
	1 Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	L/b)	(ace)	Fire	2.10.1	000.	C	m. Hi	1000		11.4
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1//	90/20	221	NAME A	ND ADDRE		CILITY - F.	PYR	1 1	tom D
	Doseph L	Pun			2	ose	א מק	1/0	the Ano	Rai	126	md. 21211
	23. PART I. Enter the diseases, pr	omplications the	at coused the de	eath. Do	not enter	r the mo	ode of dyl	ng, euc	h es cerdiec or reepi	ratory erro	eet,	Approximete
	ehock, or heart feliure.	Liet only one ce	use on each line	Ð.								Interval Between Onset and Death
	IMMEDIATE CAUSE (FINE)											
	resulting in death) a. Multiple gunshot wounds DUE TO (OR AS A CONSEQUENCE OF):											
-												
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):							
₹ I	ceuse. Enter UNDERLYING	e.										
Ĕ	CAUSE (Diseese or injury that initieted events	DUE TO	(OR AS A CONSE	QUENCE O	F):							
	resulting in death) LAST	d										
	PART II. Other eignificant condition	a contributing to	death but not	regulting	in the m	nderlyin	a course o	diven in	Part i. 24a, WAS AN	AUTTOREV	241	. WERE AUTOPSY FINOINGS
EDICAL	THE R. CO. S. S. S. S. S. S. S. S. S. S. S. S. S.	a continuoting to	douth but not	reconting	III DIE OI	ilaoilyiii	g coues s	JI V 0011 111	PERFOR		24	AVAILABLE PRIOR TO COMPLETION DF CAUSE
ă									N YES 2	□ NO		OF DEATH?
Σ									_			XIX YES 2 NO
PHYSICIAN:												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)			
YSI	XXXXES 2 NO		☐ ER/Outpetient		4 🗆 Nu	rsing Hon		sidence	6 Other (Specify)			
F	27. MANNER OF DEATH		Day, Year)		JURY	W	JURY AT ORK?		26d. DESCRIBE HOW I		CURED	
В	1 Natural 5 Pending 2 Accident Investigation	1-10-	-90	7:	45₽ ™	1 🗆	YES XXX	NO	SUBJECT S	SHOT		
	3 Suicide 6 Could not be		OF INJURY — At h						26f. LOCATION (Street (City or Town, State)			
COMPLETED	** Homicide determined			S	tree	t			1800 Ruxt	on, B	alt:	imore,MD
2	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, d	eath occur	red at the	time, date	end place,	end due	to the ceuse(a) end mer	nner as state	ed.	
M	one) X X X MEDICAL EXAMINE	R: On the basis of	examination end/or	Investigati	on, in my	opinion,	death occur	ed at the	time, date end place, en	d due to th	e ceuse(e) end manner ee stated,
	29b. BIGHATURE AND TITLE OF CERTIFIE						29c. LICI					(Month, Day, Year)
BE	LYNDA	1					00	ME				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAL	JSE OF DEATH (IT	EM 27) (Type	e, Print)			-			-11	-30
	FRANK PERETTI, MD					111	Don-	, C+	root Doles	mo»-	MD	21:201
	3FEB 081990°°	32/BEGISTOR	AR'S MEDICAL PROPERTY OF			111	reili	1 31	reet,Balti	more.	עניו	21201 vc
	FEER DAIMMU 59	CONTRACTOR CONTRACTOR	and and the									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page # my	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimension be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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dea :	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	מש,
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	FOR 1 - STATE	STATE OF MARYLAND /				MENTAL HYGIEN	IE	
	1. DECEDENT'S NAME (First, Middle, Last) LOTTIE	JANE HOYT	RTIF	ICATE OF	DEATH		AY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	FEB 06 7. DATE OF BIRTH (MONTH, DAY, VOR.) JUNE 15,		BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	9a. FACILITY NAME (If not institution, give stre				BURNIE		9c. COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND ANNE	ARUNDEL		PASADE				10d. INSIDE CITY LIMITS? 1 YES #X NO
FUNERAL	106. STREET AND NUMBER 77: 25 COLONIAL BI	EACH ROAD		10	21122			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	MED 10	It yes, ap		NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy:	s or No 14	. RACE — American Indian, Black, White, etc. Specify: WHITE
BE COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 6 th	ompleted) (Gi	ve kind of Do NOT u	S USUAL OCCUPATION Work done during me retired.) IOMEMAI	est of working	16b. KIND OF BU	SINESS/INDUS	
BE CO		. SCHRIEB			SAD		RRON	
9	PAULINE BOND		78	34 WATE	R OAK		AD PA	SADENA, MD
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	rail from Stata other pla	(60)		norial Pa	ark G	LEN E	OURNIE, MD.
	21. SIGNATURE OF PUMERAL SERVICE LICE	Lubert	9		ND AVE.	SING.		FUNERAL HOME E, MARYLAND
	23. PART I. Enter the diseases, or construction of the constructio	omplicatione that ceueed the de ist only one cause on each line. Out of OR AS A CONSE	eth. Do	1	ende of dyling, such		dratory erres	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSECUTION OR AS A CONSECUTION OF TO (OR AS A CONSECUTION	LO CO	potic	car	On diovas	cula	^
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to deeth but not r	esulting	In the underlyin	g ceuse given in	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:	□ DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
ED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At he building, atc. (Specify)	me, farm,	street, factory, offi	20	281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLET	anal anal	IAN: To the best of my knowledge, de						
TO BE C	396. SIGNATURE AND TITLE OF CENTIFER 30. NAME AND ADDRESS OF PERSON WHO	Kaplanmo			29c. LICENSE NU	IMBER	29d. DATE S	SIGNED (Month, Day, Year)

OAKWOOD ROAD, SUITE 200 GLEN BURNIE, MARYLAND 21061

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BALTIMORE, MARYLAND 21203-3146	anding	as the	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR A	DIRE	Hem
	SPITAL	IERAL in 72	# 11
	E HO	E FUN	HTAN
	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal director, page 5 should be detached for use as the buriable filled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM:2 per FH G-660						50	02300
	2-21-90 cm STATE OF MARYLAND /	DEDARTE	BENT OF U	EALTH AND B	MENTAL N	VCIENE		
			ATE OF			EG. NO.		
	1. OECEOENT'S NAME (First, Middle, Last)	****			2. DATE OF	DEATH 2-5-9	YEAR	3. TIME OF DEATH
. 1	MARY B.	HOL	ΓHAUS		67	4-1	929	3 (pu
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. las		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	7. DATE OF I		e. BIRTHI	PLACE (State or America)
	212-26-3322 1 0 M 2 M 60	YRS.			July	4,1929		Maryland
~	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DE	ATH	9c. CO	UNTY OF DE	ATN
TO	Mercy Hospital		Baltimo	ore City				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATE	ION				10d. INSIDE CITY
O	Maryland	Balt	imore	City				1 X YES 2 NO
3AL	10e. STREET AND NUMBER		10f.	ZIP CODE		10g. C		HAT COUNTRY?
FUNERAL	5509 Anthony Ave.			21206			U.S.A	
E	11. MARITAL STATUS 1 □ Never Married 2 【X Married FORCES? 1 □ YES 2 ☑ N	NO IMED	If yes, spe	ENDENT OF NISPAN cify Cuban, Mexica	n, Puerto Rice		Black	— American Indian, White, etc.
ВУ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 U YES	2 X NO Specify	/:		Specif	w White
2	15. DECEDENT'S EDUCATION 18a. DE (Specify only highest grade completed) (G.	CEDENT'S USI	UAL OCCUPATIO done during mos	N it of working	15b. KJN	ID OF BUSINESS/I	NDUSTRY	
	Elamentary/Secondary (0-12) College (1-4 or 5 +)							
COMPLETED	8 yr¹s 17. FATHER'S NAME (First, Middle, Lest)	House	/1TE	40 1407115700 141	145 (F)-> 141-1-1	le, Malden Surname		
ö	James 0. McLaughlin				rbara	e, Maiden Sumame		Kelly
BE		b. MAILING AD	DRESS (Street ar	nd Number or Rural F		Olty or Yown, State, .		CIII
2	Mr. Harry E. Holthaus	5509	Anthon	y Ave.	Baltim	ore,Md.	2120)6
	20a. METNOD OF DISPOSITION 1 X Burist 2 Cremetion 3 Removal from State 20b. PLACE Qtor place	OF DISPOSITE	ON (Name of cem	retery, crematory or		20c. LOCATION		
	4 Donation 5 Other (Specify) NEW 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsoc	Latne	earai	2/9/90 D ADDRESS OF FA		Baltin		
	21. SIGNATURE OF TOWERAL SERVICE LICENSEE PAUL L. Hal CSCC	K, UI.						
	Tan & Hintock to							ford Rd.
	23. PART I. Enter the diseases, or complications that saided the de shock, or heart fellure. List only one cause on each line	eth. Do not	enter the mod	de of dying, suci	h ss cerdlec	or respiratory	arreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death
		OUENCE OF:						
z	ARDS	(aci	te ada	est rea	exate	on disc	a co C	and)
ERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUENCE OF):	/			0	الرياد ال	
2	CAUSE (Disease or injury	25/200	tong	infects	on.			
II.	that initiated events resulting in death) LAST	GUENCE OF):	0	/				
CEI	6.							+
AL	PART II. Other algorificant conditions contributing to death but not in	reaulting in 1	the underlying	cause given in	Part I. 24	e. WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Diabetes Mellitus				1	YES 2 NO		OF DEATH?
ME					—			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26 01	ACE OF DEATH (Ch	nak astu assl			
SICI	EXAMINER?		THER:		INC. CONT.			
H	27. MANNER OF DEATH 28a, DATE OF INJURY	20b. TIME O	F 28c. INJ			BE HOW INJURY (CCURED	
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR		RK? ES 2 NO				
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stre	et, factory, office			ON (Street and Numi	ber or Rural R	oute Number,
ETE	4 Homicide determined							
COMPLETED	29a. CERTIFIER (Check only one) One) One)							
00	2 MEDICAL EXAMINER: On the basis of axamination and/or	Investigation,	in my opinion, d	eath occured at the	time, data and	I place, and due to	the cause(s	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Pr	int)			13	2//	
						,		
	FEB 08 1990 Silver Supering Si	•						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6	thou		IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be medical at unce.
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RA	REC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.	E
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FEB 08 1990

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	1 - STATE REGISTRAR	STATE OF M			TMENT OF		MEN	ITAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last))						DATE OF DEATH	· · · · ·	YEAR	3. TIME OF DEATH
	FUGENE K. HOSH.	all					1 -		5.19		8:45 PM M
		5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		7.0	ATE OF BIRTH	_	8. BIRTH	HPLACE (State or Foreign
	213-07-8592	1 🔀 M 2 🗌 F	81	YRS.	MONTHS DAYS	HOURS MIN	Ap	Month 24, 190	8	PE	ÑNSYLVANIA
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH			NTY OF D	
DIRECTOR	MERIDIAN NURSI	NG CENTER	CROMWEL	L	BAI	NESVILLE			B/	ALTI	MORE
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
R	MARYLAND				BALTI	MORE					LIMITS?
	10e. STREET AND NUMBER					IOF. ZIP CODE			10g. CITI	ZEN OF \	WHAT COUNTRY?
FUNERAL	7006 ARION RD.					21234			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED				RIGIN? (Specify Yes	or No-	14. RACI	E — American Indien, k, White, etc.
BY F	1 Never Merried 2 N Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	NO		specify Cubsn, Mex ES 2 X NO Spe		ento rucan, etc.)		Spec	elty:
		<u> </u>			1				<u> </u>		HITE
I	15. DECEDENT'S ED (Specify only highest grad	de completed)	(G	ive kind of a Do NOT us	WORL OCCUPATION OF THE PROPERTY OF THE PROPERT	nost of working		16b. KIND OF BUS	INESS/IND	USTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		AINTE				ST	EEL	MANI	UFACTURE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		- '	121112		16. MOTHER'S	NAME (F	First, Middle, Meiden			
	WALTER HOSHAL	1				IDA) A	UNKNOW)			
BE	19a. INFORMANT'S NAME (Type/Print)	-	19	b. MAILING	ADDRESS (Stree	t and Number or Ru		Number, City or Town	, State, Zip	Code)	
2	VERA HOSHALL			70	06 ARIO	N RD. E	BALT	IMORE ME	. 21	234	
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 - Rec	movel from State	other n	lecel .	and the same of the same of	cemetery, cremetory	or		CATION —		
	4 Donation 5 Other (Specify)		PRÓ	SPEC	T HILL	2/9/90					yland
	21, SIGNATURE OF FUNERAL SERVICE L	DENNI	S CAPIT	ANO	22. NAME	AND ADDRESS OF	FACILIT	Y BALTI	40RE	MD.	21214
	Dennis Ca	Ditara	0 01 2 .	,	LEO	NARD J.	RUCI	K INC. 5	305 F	IARF(ORD RD.
	23. PART I. Enter the diseases, Di shock, or heert feliure	complications that	caused the de	eath. Do	not anter the n	node of dying, a	uch aa	cardiac or reapi	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	2			-				36		Onset and Death
	disease or condition resulting in death)	· arleri	oscler	atic	Civa	rary ar	ter	y dises	4		
		DUE TO (OR AS A CONSE	OUENCE O	PF):		/				
NO	Sequentially liat conditions,	b.	OR AS A CONSE	OLIENCE O	NEV-						
	If any, leading to immediate	002 10 (On AS A CONSE	OUEINCE O	·).						i
F											1
FICATI	cause. Enter UNDERLYING CAUSE (Disease or injury	c	DR AS A CONSE	OUENCE O	PF):						
RTIFICATI	cause. Enter UNDERLYING	CDUE TO (DR AS A CONSE	OUENCE O	PF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d					I- D-				
A	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d	death but not	resulting	In the underly		In Part	I. 24a. WAS AN PERFOR		241	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
A	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	death but not	resulting			In Part		MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	death but not	resulting	In the underly		In Part	PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE
A	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	death but not	resulting	In the underly	tay		PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition Demen	d. Done contributing to a con	death but not show disks	resulting	In the underly	PLACE OF DEATH	(Check o	PERFOR	MED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition Demonstrate July 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	death but not	resulting	In the underly Arruck 28. OTHER: 4 Maring H	PLACE OF DEATH	(Check o	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition Demon 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 266. DATE OF (Month, Da	death but not	resulting	In the underly Fruck 28. OTHER: 4 M.Nursing H 4E OF 28c. I	PLACE OF DEATH	(Check o	PERFOR 1 YES 2 Inly one) Other (Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent condition Demonstrate 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpatient 2 28e. PLACE OF	death but not Survey Aisle ER/Outpatient: INJURY 19, Year)	resulting	In the underly Fruck 28. OTHER: 4 M.Nursing H 4E OF 28c. I	PLACE OF DEATH ome 6 G Residen NJURY AT WORK? YES 2 NO	(Check o	PERFOR 1 YES 2 inly one) Other (Specify) 5. DESCRIBE HOW I	NO NO NJURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the secretificate has been signed by the attending physician and completely filled in by the filling the physician and completely filled in by the filling be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examina

						2. DATE O	F DEATH	AY YI	SAR 3.	TIME OF OEATH
	RALPH W	. HEGO	GIE			10	4	5 9.	0	7.20H
4. SOCIAL SÉCURITY NUMBER		S. AGE (In yrs. let		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day, Year)		BIRTHPL/ Country)	ACE (State or Foreign
227-09-4004	1 🔀 M 2 🗆 F	81	YRS.	DATS	HOURS WIM.	MAY	15,	1908	N.	CAROLIN
9a. FACILITY NAME (If not institution, give	street and number)		- 1	Db. CITY, TOWN	OR LOCATION OF OR	EATH	•	9c. COUNTY	OF DEAT	Ή
FRANCIS SCOTT	KEV			R7	ALTIMORI	E CT	TV			
RESIDENCE OF DECEDENT				DI	ADI IIIOIO	0 01				
10a. STATE 10b. COUN	TY		10c. CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY LIMITS?
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10e. STREET AND NUMBER	2				I. ZIP COOE			10g. CITIZEN	OF WHA	T COUNTRY?
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17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, M	iddie, Maiden	Surname)		
THOMAS B. HEC	GIE				BESS	IE W	OOTE	V		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DORESS (Street	and Number or Rural				de)	
LORETTA McCLU	RE		3317	CROSSI	LAND AV	ENITE	BAT	TMOP	Z M	ID 21213
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1 Surial 2 Cremeton 3 Ref	moval from State	other p	lace)							
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J. SIGNAL SERVICE (()						7\ T. LT/	OME OF	זמ ק	INDALK,
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23. PART I. Enter the diseases, or	complications that	caused the d	eeth Do no	t enter the me	MIDE H	V EIVU	ec or reer	VDALIN	MD	Approximate
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IMMEDIATE CAUSE (Finei		Λ	-	- ~	1=	/.				Onset and Death
disease or condition resulting in death)	. 050	Live	12	1/2000	pon	(0)		
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	b. C1	1-5	72mg	2 0	OPI					
Sequentially list conditions, if env. leading to immediate	OUE TO (OR AS A CONSE	OUENCE OF							
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cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (6	OR AS A CONSE								7
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DIVISION OF VIEW INCOMES, 1.0. DON 10:10,	1	2 10	1
	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remova	T: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical

Dr.

31. DATE FILED (Month, Day, Year)

081990

Terry Williams,

32. REGISTRAR'S SIGNATURE

retained by the hospital or attending physician. 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should

notified at once.

MARYLAND 21203-3146

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last) ANN	IIE HOWER	TON					MONTI		1990	EAR 3	3. TIME OF DEATH 8:45A
	4. SOCIAL SECURITY NUMBER 213-74-0351	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.	7. DATE (Monti	OF BIRTN h, Day, Year) -30-19(8.	Country)	LACE (State or Foreign
D. C.	90. FACILITY NAME (If not Institution, give P.O. Box 26 12 K	street and number)			9ь. СІТУ, ТОЖН О1 с	or locati	ION OF DE		-30-190	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUN			10c. CIT	Y, TOWN OR LOC						1	10d. INSIDE CITY LIMITS?
	MD A1 100. STREET AND NUMBER 12 Kelly Place	legany	26)		Oldt	OWN or. ZIP COD					N OF WH	1 YES 2 X NO
BY FUNERAL	11. MARITAL STATUS 1	12. WAS DECEDE FORCES?	NT EVER IN U.S. AF 1 YES 2 X WAR OR DATES		If yes, s	CENDENT	OF NISPAI	in, Pusito	17 (Specify Yes Rican, atc.)	or No— 14		- American Indian, White, atc. : : White
COMPLEIED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 4 TH GRADE	College (1-4 or 8	(G	ive kind of Do NOT u	work done during no retired.) Ousewife	nost of world	ing	16b	own h		STRY	
BE CO	17. FATNER'S NAME (First, Middle, Last) MACK WALLACE					18. MOT			Middle, Maiden ELIZA		MAF	RTIN
2	199. INFORMANT'S NAME (Type/Print) MARY MCCARGISI	ł			ADORESS (Street							L555
	20s. METHOD OF DISPOSITION 1X Burlai 2 Cremetion 3 Re 4 Donation 3 Other (Specify)	moval from State	other p	face)	SITION (Name of CEMETE		-	-19		CATION — CH		m, Stats MARYLAN
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	De	_	DUDA	AND ADDRE	SS OF FA	UNE		OME C	F	UNDALK
l:	23. PART I. Enter the disease, Di ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one by		wh	mu	And And And And And And And And And And	ring, auc	S Can	diac or respi	To le	u,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. 1	O OFF AS A CONSE	10	>	_ (r)	(PO)		MA U	auce	vG_	
MEDICAL C	PART II. Other algolificant condition	one contributing t	o deeth but not	resulting	In the underly	ng cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	26. OTHER: 4 □ Nursing No	PLACE OF		10	ne) er (Specify)			
ВУ РНУ	27. MANNER OF DEATN 1 Naturel 8 Pending 2 Accident Investigation	28s. DATE ((Month,		28b. Til	ME OF 28c. I	NJURY AT	□ NO	_	SCRIBE HOW I	NJURY OCCU	IRED	
	3 Suicide 8 Could not b	28s. PLACE	OF INJURY — At h g, etc. (Specify)	ome, farm,	atreet, factory, of	lics			CATION (Street of Town, State)	and Number o	r Rural Ro	oute Number,
COMPLETED	(Critical Cr	SICIAN: To the best NER: On the basis of										and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIF	m	W	>		29c. LIC	CENSE NU	MBER		29d. DATJE	BIGNED	(Mogdil Day, Year)
2	30. NAME AND ADDRESS OF PERSON V	VNO COMPLETED CA	USE OF DEATH (ITI	EM 27) (Tvp	e, Print)	1		- 1				

M.D., Memorial Hosptial Medical Bldg, Cumberland, MD 21502

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-18 Rev 1/89

be filed within 12 hours aret death with the State Dept. Or regularly wenter hypere prior to burner, or removed, or lem 24 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
FEB 0 8 1990

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)	Med	dellen		Thora	m		DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-09-3092	1	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	IPLACE (State or Foreign ry) RYLAND
9e. FACILITY NAME (If not institution, give 4 May Street		79		9b. CITY, TOWN O	OR LOCATION OF DI	12/2/10 EATH	100	INTY OF D	EATH
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c, CITY	TOWN OR LOCAL	TION				10d. INSIDE CITY
MD. WASH	INGTON		HAG	ERSTOWN					LIMITS? 1 YES 2 ND
100. STREET AND NUMBER 4 MAY ST.	4			10	21740	3		S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA		MED	ti yes, sp		NIC ORIGIN? (Specify Y in, Puerto Rican, etc.) y:	ee or No—	14. RACE Black Speci	,
15. DECEDENT'S EDI (Specify only highest grad		(Gh	ve kind of w	JSUAL OCCUPATION done during mo	ON ost of working	16b. KIND OF B	USINESS/IN	DUSTRY	WHITE
Elementary/Secondary (0-12)	College (1-4 or 5+)	RET	Do NOT use		AL OFFIC	ER MD C	ORREC	MOTT	AL INSTITUT
17. FATHER'S NAME (First, Middle, Lest)		IREI	. COR	CLECT TON		ME (First, Middle, Maide		TTOM	THOTTION
HOWARD INGRAM					MABEL	STICKELL			
19e. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To	own, State, Z	ip Code)	
WINIFRED JAYNE I	NGRAM (sp	_				town, Md.	217	-	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE other pla	OF DISPOS	TION (Name of ce	metery, cremetory or	20c. L	OCATION ~	- City or To	own, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7-1-	411	22. NAME A	ND ADDRESS OF FA	ACILITY			
I maled	selle	7-1	20						
				STATE	MOTANA	BOARD, B	ALTO.	, MD	. 21201
23. PART 1. Enter the diseases, or ahock, or heart fallure.	complications that List only one caus	coused the de	ath. Do n						Approximate
23. PART 1. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Complications that	ceused the de-	ath. Do no						
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	a. DUE TO (OR AS A CONSECUTOR AS A CONSEC	QUENCE OF	ot enter the mo	ode of dying, suc		piratory a	rreat,	Approximata Interval Between Onset and Deeth
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A CONSECUTION AS	QUENCE OF	ot enter the mo	Lwd	CO VGS C	IN AUTOPSYORMED?	rreat,	Approximata Interval Between Onset and Deeth
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO (b. DUE TO (c. DUE TO (d. Machine Contributing to contributing	on asch line. OR AS A CONSECTION AS A CONSECT	QUENCE OF QUENCE OF QUENCE OF	ot enter the mo	ode of dying, such	Part 1. 24a. WAS / PERF	IN AUTOPSYORMED?	rreat,	Approximate Interval Between Onset and Deeth Onset and Deeth WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions.	a. DUE TO (b. DUE TO (c. DUE TO (d	on asch line. OR AS A CONSECTION OR AS A CONSECTION Consection	QUENCE OF QUENCE OF QUENCE OF	ot enter the mo	ode of dying, such	Part I. 24a. WAS A PERF	IN AUTOPSY ORMED? 2 400	246	Approximate Interval Between Onset and Deeth Onset and Deeth WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO (b. DUE TO (c. DUE TO (d. Machine Contributing to contributing	on asch line. OR AS A CONSECTION OR AS A CONSECTION Consection	QUENCE OF QUENCE OF	26. POTHER: 4 Nursing Hore LOTHER: WHY 28c. IN. WHY WHY WHY WHY WHY WHY WHY WHY	ode of dying, such	Part I. 24a. WAS / PERF- 1 YES	IN AUTOPSY ORMED? 2 400	246	Approximate Interval Between Onset and Deeth Onset and Deeth WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions of the conditio	a. DUE TO (b. DUE TO (c. DUE TO (d	on each line. OR AS A CONSECTION OF AS A CONSECTIO	QUENCE OF QUENCE	26. POTHER: 4 Nursing Hore LOTHER: WHY 28c. IN. WHY WHY WHY WHY WHY WHY WHY WHY	Date of dyling, such that the	Part I. 24a. WAS / PERF- 1 YES	AN AUTOPS ORMED? 2 AND	24b	Approximate Interval Between Onset and Deeth Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Onset and Deeth Deeth Onset and Deeth D

MARYLAND 21203-3146

10 THE HUSPITAL OR ALI ENDING PYTYSUCIAN; The law requires that the beard retuindate be executed wrum 44 mous after be retained by the analysis of the THEFAL DIRECTOR; After this certificate has been signed by the attending physician and completely filed in by the five director. For 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Memal Hyghele prior to burial, cremation, or regional.	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND
	SPINAL OH AI LENDING PYTYSLOAM: The law redures that the bean centilear be executed within 4x nouts after be- NERAL DIRECTOR: After this certificate has been signed by the attending physicalia and completely filled in by the him director. The physical phy

31. DATE FILED (Month, Day, Year)

	JOHNSON				2. DATE MONT	OF DEATH DAY	Y YEA 90	
212 15 0091	10M20F <2/	LOCIAS THE.	IF UNDER 1 YEAR IONTHS DAYS	HOURS MIN	2 1/mon	OF BIRTH th, Day, Year) 25/80	17/	IRTNPLACE (State or ountry) ARYLCAND
9a. FACILITY NAME (If not institution, give stre 4 VIVERSITY RESIDENCE OF DECEDENT	ed and number) NARYCANO T	HOSP.	-	OR LOCATION OF			9c. COUNTY C	OF DEATN '
106. STATE 106. COUNTY NARYLAND US	BISTHUNE			TORE				10d. INSIDE C LIMITS? 1 YES 2
100 THE PROPERTY 811	BISTHUNE	RO		01. ZIP CODE 100 21	225	-		OF WHAT COUNTRY
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	CENOENT OF NIS pecify Cuban, Ma S 2 2 NO Sp	dcan, Puarto		E	RACE — American le Black, White, etc. Specify: BLAC
15. DECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12)		16a, DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during r	ION nost of working	16	b. KIND OF BUS	INESS/INDUSTR	ay.
JEHNANE AND	TELRELL	Тон	vsov			Middle, Maiden S		7
190. INFORMANT'S NAME (Type/Print) ALLEISN KNO	TT	AS	ABO V	and Number or Ru	ral Route Nun	nber, City or Town	, State, Zip Code	9)
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remay 4 Donation 6 POther (Specify)	al from State	PLACE OF DISPOSITION (Control of the place)	TION (Name of o	emetery, crematory	or	20c. LOC	CATION — City o	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	OM Profe	2-7-90		ANATO		ARD, BA	LTO.,	MD. 2120
23. PART I/Enter the diseases, or co- shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on a	ach line.						Approx Interval Onset
cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF)		OF	NEI	7BR AN	ES	1 d
that initiated eventa resulting in deeth) LAST					in Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPS AMAILABLE PRI COMPLETION (OF CEATH?
	contributing to death b	ut not resulting in	the underly	ng cause given		1 [] YES 2.	₽ 470	1 TYES 2
PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		25. OTHER:	PLACE OF DEATH		one)	240	
PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: Dispetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 26b. TIME INJU	25. OTHER: 4 Nursing No OF 26c. I	PLACE OF DEATH ome 5 Resider NJURY AT ORK? YES 2 NO	ce 6 🗆 Oth	one)		1 🗌 YES 2 (
PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 ⊘Inpatlent 2 □ ER/Outp 28a. DATE OF INJURY	petient 3 DOA 26b. TIME INJU — At home, farm, st	25. OTHER: 4 Nursing No OF 26c. I	PLACE OF DEATH ome 5 Resider NJURY AT ORK? YES 2 NO	28d. DE	er (Specify)	NJURY OCCURE	1 🗌 YES 2 (

DHMH-18 Rev 1/89

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM CERTIFICA	ENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.		
	1. DECEMENT'S NAME (First, Middle, Last)	1. Jo.	NES			2. DATE OF DEATH DO OI - 25	" 90"	EAR S. TIME OF DEATH
9	212-22-2524	Ø M 2 □ F 63	YRS. MOR	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	FEB. 20, 1	926 M	BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	PESIDENCE OF DECEDENT	Willsing Ce	nter &	ALTI	MORE.	ATN	BALT	IMORE
DIRECTOR	10a. STATE 10b. COUNTY	RFORD	10c. CITY, TO	PYLES				10d. INSIDE CITY LIMITS? 1 VES 2 X NO
1 1	100. STREET AND NUMBER	[10]			ZIP CODE	7	10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL		2. WAS DECEDENT EVER IN U.S FORCES? 1 \(\subseteq \text{ YES} \) 2				IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 1/2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗌 YES	2 NO Specify			specify: White
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION Inspected) College (1-4 or 5+)	Give kind of work We. Do NOT use re	AL OCCUPATIO done during mos lired.)	N of working	Farme	e /fic	tory worker
BE CO	17. FATHER'S NAME (First, Middle, Last)	I. Ja	nu		Bin	1.2	JLETTE	
٩	19a. INFORMANT'S NAME (Type/Print) ROBERT SPONSL	ER, JR.	004 0	CKARD		Route Number, City or Tow LEN BURN		21061
	20a. METHOO OF DISPOSITION 1A Burial 2 Cremation 3 Remov. 4 Donation 5 Other (Specify)	al from State 20b. PL	ACE OF DISPOSITION PROPERTY OF PROPERTY OF THE	N (Name of cert RIDGE	_			or Town, State
	21, SIGNATURE OF JUNERAL SERVICE LICE	Tovel	idge	HARKI	NS FUN	eral Homi	E, INC	c. Delta, PA
CERTIFICATION	23. PART I. Enter the diseases, or co shock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immadiata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in deeth) LAST	DUE TO (OR AS A CO	Inne. INSEQUENCE OF): SALAR INSEQUENCE OF):	leine	is typ	menta		Interval Between Onset and Death
AL CE	PART II. Other significent conditions	contributing to death but	not resulting in t	ha underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 YES :	V	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	σ	28. PL	ACE OF DEATN (Ch	eck only one)		
HYSI	1 VES 2 NO 27. MANNER OF OEATN	2Sa. OATE OF INJURY (Month, Day, Year)		Nursing Hom		8 Other (Specify) 28d. OEŞCRIBE NOW	INJURY OCCUP	REO
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stree	M 1 🗆 1	rES 2 NO	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	(Salah Salah	AN: To the best of my knowleds						
_	2 MEDICAL EXAMINER	On the basis of examination ar	nd/or investigation, i	n my opinion, d	eath occured at the			GRED_(Month, Day, Year)
TO BE		COMPLETED AND COMP		-0	025.	044	> /,	13180
	30, NAME AND ADDRESS OF PERSON WHO	SUMPLETED CAUSE OF DEATH	i (i i EM 27) (Type, Pri	rit)				
	31. DATE FILED (Month, Day, Year) FEB 08 1990 4	32. REGISTRAR'S SIGNATURAL Javidson Honor	JRE .					
	0				. '			DNMN-16 Rev 1/89

5.0

otified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death.

TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral high within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	REGISTRAR		CERTIFI	CATE O	F DEATH	F	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH DA		YEAR	3. TIME OF DEATH
	Marta Koppel							90	TEAR	9:45 A.M.
	4. SOCIAL SECURITY NUMBER 5. SE	X B. AGE (In	yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7 DATE OF S	MINTH		8. BIRTHE	LACE (State or Foreign
	074-26-3550	M 2 StF	88 YRS.	MONTHS DAY	S HOURS MIN.	Nov. 1	0.191	01	Est.	onia
	9a. FACILITY NAME (If not institution, give street and	d number)		9b. CITY, TOW	N OR LOCATION OF DE		- /	9c. COUN		
۳ ا	National Lutheran Ho	ome for th	Febra e	Rockv	ri 110			Mont	aomo	237
K	RESIDENCE OF DECEDENT	ARE TOT UT	e_ngeu	NOCAV	1116			FOIT	gone	ТУ
H H	10a. STATE 10b. COUNTY		10c. CIT)	r, TOWN OR LO	CATION					10d, INSIDE CITY LIMITS?
ā	Maryland Montgome	ery	Ro	ckvill	e					1 X YES 2 NO
AL	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
FUNERAL DIRECTOR	9701-Veirs Drive				20850-34	62		Unit	ed S	tates
5	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN	U.S. ARMED		DECENDENT OF HISPAI					— American Indian, White, etc.
7	IF	ORCES? 1 YES			specify Cuben, Mexica YES 25 NO Specif		n, atc.)		Specify	y:
ВУ	3∑ Widowed 4 □ Divorced				201				Wh	ite
	15. DECEDENT'S EDUCATION (Specify only highest grade comple		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b, KIR	D OF BUS	SINESS/INDU	JSTRY	
<u> </u>	Elementary/Secondary (0-12) Colle	age (1-4 or 5+)			most of working					
MP	4		Teacher-	Librar	ian	Un.	iver	sity		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	-, -,		Surname)		
BE	Andreas Blum				Anu T	imothe	us			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, (City or Tow	n, State, Zip	Code)	
-	Richard D.Reichard	(per.rep.)	9701-V	eirs D	rive, Rock	ville,	MD 20	0850-	3462	
	20e. METHOD OF DISPOSITION 1 District 2 Comments 3 Removal from	om State	PLACE OF DISPOS	ITION (Name of	cemetery, cremetory or			CATION — C		
1	4 Donation 6 Other (Specify)		other place) Lee s Cr	emator	У			ningt		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	011		IT WI	AND ADDRESS OF FA	S SON	s Cor	ทกลทบ	Fun	eral Home
	Charles To	Belon	sec)	300-	4th St., N	E.Wash	inata	np. D.	2	0002-5816
	23. PART I. Enter the disesees, or compile	cetions that caused	the deeth. Do n							Approximete
	shock, or heert fellure. List or	nly one ceuse Dn ee	ch line.							Interval Between Onset and Death
	IMMEDIATE CAUSE (Fins)	P	11/4	1						Officer and Death
	resulting in death) s	DUE TO (OR AS A	CONSEQUENCE OF	F) ·						Fine
_	_	10 (011 70 11	00.102.002.102.01	<i>y</i> -						
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	F):						+
¥	if any, leading to immediate cause. Enter UNDERLYING									
三	CAUSE (Disease or Injury that Initiated events	OUE TO (OR AS A	CONSEQUENCE OF	F):						
H	resulting in deeth) LAST									
	DAME II ON THE INTERNATIONAL PROPERTY OF THE INTERNATIONAL PROPERT									
EDICAL	PART II. Other significant conditions con	tributing to death bu	It not resulting i	in the under	ying cause given in	Part 1. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						1	YES 2	NO NO		COMPLETION DF CAUSE OF DEATH?
ME						_				1 TYES 2 NO
ä										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			. PLAGE OF DEATH (C/	neck only one)				
PHYSICIAN: M		Inpatient 2 - ER/Outpo	atlant 3 DOA	4 Wuraing	Home 5 🗆 Rasidenca	6 Other (S)	necify)			
H		28a. DATE OF INJURY (Month, Day, Year)	26b. T/M INJ	E OF 28c.	INJURY AT WORK?	28d. DESCRI	BE HOW I	NJURY OCC	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
	o Could not be	26e. PLACE OF INJURY building, etc. (Speci	— At home, farm, a	atreet, factory,	offica	281. LOCATIO	ON (Street :	and Number	or Runal R	oute Number,
COMPLETED	4 Homicide determined									
2	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowle	edge, death occurre	ed at the time,	date and place, and due	to the cause(e) and mai	nner as state	ıd.	
M	one) 2 MEDICAL EXAMINER: On	the basis of examination	and/or investigation	n, in my opinio	n, death occured at the	time, data and	d place, ar	d due to the	e cause(a)	and manner as stated.
	295. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	MBER		29d. OATE	SIGNEO	(Month, Day, Year)
BE	Mooly	MU			0164	58		►R.	G3	1956
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEA	ATH (ITEM 27) (Type,	, Print)	D.	V	7	07	- 4/	, , , ,
			of forces.		um OLA	00. LA	ed	40	50	
					0 70	7/ 00	U	000		
	FED UD 1990 guha P	22. REGISTRA POSIGN	Company of the Compan							

			FOR 1 - STATE	STATE OF I	MARYLA				EALTH AND	MENTAL		_		
	4-41		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTI	FICAI	E OF	DEATH	2. DATE O	REG. NO.			. TIME OF OEATH
			James		T	evester	Tr			MONTH 2	2		YEAR	5:53 P
11			4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday		R t YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		. BIRTHPO	ACE (State or Foreign
U	_		217 66 5900	M2 □ F	33	YRS.	MONTHS	DAYS	HOURS MIN.	(Month,	2 57		Bal	timore
	phould		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATION OF D	EATH		9c. COUNT	Y OF DEA	TH
	2,3	OR	422 Swale Aver	nue				Ba:	ltimore	City				
	- -		RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Y		10c. C	TTY, TOWN	OR LOCAT	TION				1	od. INSIDE CITY
	Page	DIRECTOR	Md. cit	У			Balt						- 10	LIMITS?
	emit		10e. STREET AND NUMBER	0				101	ZIP CODE			10g. CITIZ		AT COUNTRY?
	priyatuari. burial-transit permit. Pages	FUNERAL	507 Cherryhi	ll rd.					21225	5		U	S.	
40	se as the burial-tran	5	11. MARITAL STATUS	12. WAS DECEDEN			13.		ENDENT OF HISPA			or No-	4. RACE -	- American Indian, White, stc.
146	n p	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y					2 NO Speci				Specify:	
21203-3146	as the	0	15, DECEDENT'S EDU	CATION		16a, DECEDENT	'S USUAL O	CCUPATIO	ON	16b. I	KIND OF BUS	SINESS/INDU		ack AM.
120	for use	ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	+)	(Give kind o	of work done use retired.	during mo	st of working					
0 2		F	12	2		labor	er/	st	udent		se	rvic	Э	
Z/	-	COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N.				_	
扎	U	BE	Levester Jame	s sr.					<u> </u>	nerin				les
A		2	19e. INFORMANT'S NAME (Type/Print)			507	NG ADDRES	SS (Street o	yhill 1	Route Numbe	r, City or Yow.	n, State, Zip (2 1 2	25
2	ode ad		Valerie Jame		201				metery, crematory or	. u.		CATION — C		
표.	director, pr		255. METHOD OF DISPOSITION 12 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	-	(other place)			emeter	_				
ĭ.	9 9		21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE		iicoda	22	. NAME A	NO ADDRESS OF F	ACILITY				el co.
BALTIMORE	e funeral director, I. examiner mus		→ W. W.	P			C		lina fu					21229
8	by the emoval.		23. PART I. Enter the diseases, or o	complications the		the death. Do	not ente		1 Pen I					Approximate
	2 2		shock, or heart failure.						, , , ,			,	,	Interval Between Onset and Death
	284		iMMEDIATE CAUSE (Final disease or condition resulting in death)	- Conta	oct SI	hotqun	โฟ้ดเเทด	O+ F	Chost					
9	crem		resoluting at death)			CONSEQUENCE		1 00	CIRCOL	÷				
13146,	Control of physician and completely Hygiene prior to burial. cremat or other traumatic event, it	Z	Sequentially list conditions,	b										
	or to	ERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO	OR AS A	CONSEQUENCE	OF):							
ВОХ	ding physic lygiene pri	SE	CAUSE (Disease or Injury that initiated events	cDUE TO	OR AS A	CONSEQUENCE	OF):							
0	attending ntal Hygie y, or oth	F	resulting in death) LAST	2										
	ental ental	S	DARY II. Other circlificant condition		4-4-	A A	. 1- 01			n T				
	A and	DICAL	PART II. Other significant condition	is contributing to	oean b	ut not resultin	g in the L	inderiyin	g cause given ii	Part I.	24a. WAS AN PERFOR	RMED?	- 0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
Ö	een signed by of Health and shows any ir	шв								1	1X YES 2	≥ □ NO		OF DEATH?
RECORD	3 0 6	Σ								-1				YES 2 ND
	Dep Dep	IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (C	heck only one)			
VITAL	certificate he the State I, or Item	SICI	EXAMINER? 1 X YES 2 NO	HOSPITAL:	☐ ER/Outp	atient 3 DOA	OTHE		ne 5 🗆 Residence	6 X Other	(Specify)	Scene		
OF	this certifica with the Str rked, or It	PHY	27. MANNER OF DEATH	28a. DATE Of (Month, I	F INJURY Day, Year)		IME OF	28c. IN.	JURY AT	28d. DE\$0	CRIBE HOW I	INJURY OCC	URED	
		B	1 Natural 5 Pending 2 Accident Investigation	2-2-	90	Unk			YES 2 NO		~	shot		
010	ECTOR: After s after death		XXXX Suicide 6 Could not be	28e. PLACE (building	of INJURY		e of	moth		261, LOCA City o	TION (Street of Town, State)	and Number (Swal	e Avenue,
	DIRECTOR: After hours after death	ы	200 CERTIFIER				fatl			Ba	ltimor	re Cit	y. N	
0	3 32 =	OMPL	(Check only	FR: On the best of										and manner on the state of
	FUNERAL WITHIN 72 P	S	2 DE MEDICAL EXAMINE	0.6		- annot mivestly	- In my	opmon, (nia piece, er			
	B 등 등 교	BE	296. SIGNATURE AND TITLE OF CERTIFIE	Mall.	1	1/ /	1		29c. LICENSE NU					Month, Day, Year)
	₹ 649	0	MARINO	y was	- +	1 100	1.		OCM	번		2	2-3-9	U

Mario F. Golle, Jr., M.D., Assistant

31. DATE FILED (Month, Day, Year)

FEB 08 1990

Jack Davidson Andrew

FEB 08 1990

DHMH-16 Rev 1/89

111 Penn Street, Baltimore, MD 21201 vl

37 11 02

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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutried at or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FEB 08 1990

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC			MENTAL HYGIEN	E	70 025
1. DECEDENT'S NAME (First, Middle, Last) EVELYN	Mar		AIL OI	DEATH	2. DATE OF DEATH MONTH DA		3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 274 28 2790	1 □ M 2 😾 F 5	7 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. OATE OF BIRTN (Month, Day, Year) 3/24/32	Coun	Va.
90. FACILITY NAME (if not institution, give s Francis Scott RESIDENCE OF DECEDENT			Baltim	Ore	EATH	9c. COUNTY OF	DEATN
10a. STATE 10b. COUNT			own or locat	Station	1		16d. INSIDE CITY LIMITS? 1 YES 2 NO
	Orchard	La.	101	21222		10g. CITIZEN OF	what country? . A .
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	3 2 00	If yes, spi	ENDENT OF NISPAF ecity Cuban, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yearn, Puarto Rican, etc.)	Blee	E — American Indian, ck, Whita, etc. clly: Lack
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use in Restua	done during mo stired.)	ON st of working		lehem	Steel
17. FATHER'S NAME (First, Middle, Lest) Charles	E.	Martin		Dorot	ME (First, Middle, Maiden Thy Burks		
Mrs. Dorothy Ma	artin	626 E	Peach	Orchard	Route Number, City or Tow I La., Ba	n. State, Zip Code)	Md. 21222
20a. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place) Arbutus	are start one		Bal	cation — chy or to., Mo	
21. SURVIVERE OF FUNERAL SERVICE LI	- Morte	n	Jame		orton & S ns St Bal		d. 21217
23. ART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Coron	eech line.	enter the mo		h se cerdiec or respi	iratory srrest,	Approximats Interval Between Onset and Death
Sequentielly list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):	ale	Did	Queles D	nell. D	1
PART II. Other significant condition	every	but not resulting in	-	g cause given in	Part I. 24a. WAS AN PERFOR	RMED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATN (Cr	6 C Other (Specify)		
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJUR (Month, Day, Year		Y WC	URY AT PRICE 2 NO	28d. DE\$CRIBE NOW I	NJURY OCCURED	
3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE OF INJU building, etc. (S	RY — At home, farm, atre pecify)	et, factory, offic		28f. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
	ICIAN: To the best of my kn						(a) and manner as stated.
296, SIGNATURE AND TITLE OF CERTIFIE	eeven	has		20c. LICENSE NU DO4		29d. DATE SIGNE	(Month, Day, Year)

RYLAND 21203-3146

BALTIMOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT HAN (Fine And Lest) Jo	hn L Meehan	M	EET	HAN	2. DATE OF DEATH MONTH	-	90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217-09-7677 9a. FACILITY NAME (If not institution, give sheet se	M 2 □ F 81	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF OR	7. OATE OF BIRTH (Month, Day, Year) 11-3-19(ATH	_	Countr	ginia	
TOR	Anne Arundel Medica	al Center		Annar	olis		Anne Arundel			
L DIRECTOR	Maryland Anne A	rundel		y, town or locat	le				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	1454 Fairfield 1				21032		Ţ	J.S.A		
BY	1 Never Married 2 Married	MAS DECEDENT EVER IN U.S. / FORCES? 1 X YES 2 F F YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN scily Cuben, Mexica 2 NO Specify	RIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	s or No—	14. RACE Black Speci	- American Indian, t, white, atc.	
COMPLETED		eted)	(Give kind of tille. Do NOT us	,	at of working	16b. KIND OF BU	SINESS/IN	NOUSTRY		
OMP	2nd Grade 17. FATHER'S NAME (First, Middle, Last)		Fire	mans Hel	-	Box ME (First, Middle, Maiden	Fact			
BE C	(Unknown)	Meehan			Bess	1223	Inkno			
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	m, State, Z			
	George Ricklin 20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal for	rom State other	E OF DISPO	SITION (Name of cer	netery, crematory or		CATION -	2114 - City or To	wn, State	
	21. SIGNATURE QE EUNERAL SERVICE LICENSE		O nav	22. NAME AF	ial Park D ACCRESS OF FA Ge J. Go		l Ho	ome P	Maryland A.	
	23. PART I. Enter the diseases, or comp shock, or heart failure. List to IMMEDIATE CAUSE (Final disease or condition resulting in death)	lications that caused the solutions one cause on each ill	death. Do r	uluu	da of dying, auc	as cardiac or resp	Iratory a	arrest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HASC	SEQUENCE O		rust	separa some	Cu	~		
AL	PART II. Other algorificant conditions con	ntributing to death but no	t resulting	In the underlying	cause given in	PERFO	RMED?	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC	Avon					1 □ YES 2	NO		OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 15	PITAL: Inpatient 2 - ER/Outpatient	3 🗆 DOA	OTHER:	ACE OF DEATH (Chi					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT PK? /ES 2 NO	28d. DESCRIBE HOW	INJURY O	CCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, factory, offic	•	2St. LOCATION (Street City or Town, State)		per or Rural P	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	To the best of my knowledge, the basis of examination and/o) and manner as stated.	
BE	ROW CHANG TITLE OF CENTIFIER	Lentar	V		29c. LICENSE NUN	438	29d. DA	TE SIGNED	87°90	
0	30, NAME AND ADDRESS OF PERSON WHO COM	APPLETED CAUSE OF DEATH AT	1 2 7 (Sec.)	9361DI	DINGS /	RE ANN	AR	541	Md 2148/	
	31. DATE ELB 108 1990 SA	22. REGISTRAN'S SIGNATURE	الماك							

22. REGISTRAN'S SIGNATURE

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5.	_		

. ,0	1 - STATE REGISTRAR	SIMIE UF I	CE	RTIF	ICAT	E OF	DEAT	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH	1
	CHARLES F	1- ME	HANS	Y					H S C	3.5.	1990	EAR	7350 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)		R 1 YEAR	IF UNDER		7. DATE OF	BIRTH	8.	BIRTH	PLACE (State or Foreign	1
	21309 1305	178 M 2 □ F	72	YRS.	MONTHS	DAYS	HOURE	MIN.	(Month, I	24	1914	Country	RVLADO	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CIT	Y, TOWN (R LOCATION	ON OF DE		7	9c. COUNT	Y OF DE	EATH	1
R	G. B.M.				1	OIL	025				BAI	1:	mars	
DIRECTOR	RESIDENCE OF DECEDENT										UR		10100	
RE	10e, STATE 10b. COUNT	*		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	MARYLAND BAL	Jonit	3.5	<u></u>	IU	3H	RVI	212					1 TYES 2 NO	
MAIL N	10e. STREET AND NUMBER	C				101	. ZIP CODI	E	_		10g. CITIZE	N OF W	HAT COUNTRY?	
Ä	831 JAM183		CAD				21	PO	3_			17	s. A.	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED FORCES?	NT EYER IN U.S. ARI	MED	13				n, Puerto Ric		or No- 14	RACE Block	- American Indian, White, atc.	
ВУ	3 Widowed 4 Divorced		WAR OR DATES			1 TYES	2 NO	Specify	72			Specif	, 1 . — c	
	15, DECEDENT'S EDU	CATION	Jee DE	CEDENTIS	HELIAL A	OCCUPATION	ON.	_	1 445 #	IND OF BUS	I SINESS/INDUS	CU .	7112	
E	(Specify only highest grade	completed)	(GI	ve kind of a	work done	during me	st of working	ng	100. 1	IND OF BOS	SINE 33/INDU	PIRT		
2	Elementary/Secondary (0-12)	College (1-4 or 5	")	1.11	1.) OR	Kcc	2	B		1 57	7	1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1.7	1	J () N		HER'S NAI	ME (First, Mic	triin Mairian	Sumama!	2.2.		
	Lilian	5 (PAHAD!	S V			C	CR	7 4		7	20	1	
B	19s. INFORMANT'S NAME (Type/Print)	Service 1		4	ADORES	RS (Street)	nd Number	or Burni F	Grute Akimba	City or Town	n, State, Zip C	odel	103	
2	FAMILY R	0907	C	7	0.0	2	20	0	_	VS				
•	20a, METHOD OF DISPOSITION		20b. PLACE (OF DISPO	SITION (A	vame of ce	metery, cren	natory or	100	_	CATION — CH	ty or Tox	ern. State	
	1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	other ple		.0	5	DAG	K		B	TID		Mr.	
	21. SIGNATURE OF PUNERAL SERVICE, LI	CENSEE	C C	111	22	. NAME A	ND ADDRE			121	ALL)	,	
	1,000	-5	1		3	EVA	125 (-HF	4391	10+	CHI	2/2	2	
	Levelle V	0 . 774	120								8			١
		Charo.	///		ئل	73:	25	YOR	KK	OAD.	-11	D	OUND	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications th	at caused the de	eth. Do	not anti	r the mo	de of dy	JOR Ing, suci	h na cardie	oc or reapl	Iratory arres	nt,	Approximata interval Between	
	shock, or heart failure. IMMEDIATE CAUSE (Final	complications th	at paused the de	eth. Do	not anta	ar the mo	1 .	,	. 1		Iratory arres	nt,		
	shock, or heart failure.	complications th	at baused the de	eth. Do	not anta	er the mo	1 .	,	h na cardio		Iratory arred	nt,	interval Between	
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NO	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	Algo on each line ALPO (OF AS A CONSECUENCY)	VC QUENCE O	H De	er the modern day	1 .	,	. 1		Iratory arres	nt,	interval Between	
ATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO	rupe time	VC QUENCE O	H De	er the modern clar	1 .	,	. 1		iratory arred	nt,	interval Between	
ICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Due To	O (OR AS A CONSEC	DUENCE O	H: Su H:	ear the man	1 .	,	. 1		Iratory arred	nt,	interval Between	
TIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Due To	Algo on each line ALPO (OF AS A CONSECUENCY)	DUENCE O	H: Su H:	er the modern of the state of t	1 .	,	. 1		iratory arrea	Rt,	interval Between	
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due To	O (OR AS A CONSEC	DUENCE O	H: Su H:	tar the modern the mod	1 .	,	. 1		iratory arree	nt,	interval Between	
AL CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO DUE TO d.	O (OR AS A CONSEC	OVENCE O	H DU F):	ear der	+ 3	Fo	rea	NC	AUTOPSY		Interval Between Onset and Death WERE AUTOPSY FINDINGS	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO DUE TO d.	O (OR AS A CONSEC	OVENCE O	H DU F):	ear der	+ 3	Fo	Heart.	ne	I AUTOPSY RMED?		interval Between Onset and Death Onset and Death Were Autopsy Findings Amiliable Prior To Completion of Cause	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO DUE TO d.	O (OR AS A CONSEC	OVENCE O	H DU F):	ear der	+ 3	Fo	Heart.	AL WAS AN PERFOR	I AUTOPSY RMED?		were autopsy findings amailable prior to Completion of Cause of Death?	
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use 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should retained by the hospital or attending physician. MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FEB 08 1990

Gune Dandon Honda

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTMOBE, WARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer functor part of annual to the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be, notified at once.
NO	TO THE HOSPITAL OR	TO THE FUNERAL DIR	IMPORTANT: If Iten

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			IENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle,	Lest)				2. DATE OF DEATH DA	IV VE	3. TIME OF DEATN
GEORGE	- JOSEPH		MILLER,	SR I	FEBRUARY 6	, 1990	5.19/R 4
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or American
215-18-3970		/ b YRS.			Aug. 19, 1		aryland
9a. FACILITY NAME (If not Institution, 26 Virginia Av		9		Burnie	ATH	Anne A	of DEATH Arundel
RESIDENCE OF DECEDEN	IT						
	DUNTY		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland An	ne Arundel	Glen	Burnie				1 TES 2 NO
26 Virginia Av	e. N.W.		101	21061		U.S.	A.
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			C ORIGIN? (Specify Yes	or No— 14.	RACE — American Indian,
1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	DATES X		2 NO Specify:			Specify: White
		T	1				
15. DECEDENT'S (Specify only highest	grade completed)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mo-	on of working	18b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondery (0-12)	NONE	Aluminum		or	Revere	Copper	& Brass
17. FATHER'S NAME (First, Middle, La	st)				NE (First, Middle, Maiden		
LeRoy	Joseph	Mille	er	Margare	t	Mille	r
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street a	nd Number or Rural Ru	oute Number, City or Tow	n, State, Zip Coo	de)
Dorothy Mil	ler	26 Vir	ginia A	Ave. N. W	. Glen Bu	rnie, N	Maryland 21061
20a. METHOD OF DISPOSITION 1 Buriel 2 (1 Cremetion 3	Ramoval from Stata	ob. PLACE DF DISPOSIT other place)			20c. LO	CATION — City	or Town, Stata
4 Donation 5 Other (Specify		Metro Crem				ltimore	e, Maryland
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE		22. NAME AN	ID ADDRESS OF FAC	HUTY	1 Seco	nd Ave. S.W.
77. Herry	a Heeken	2	Single	eton Fune	ral Home	Glen Bu	urnie, Md.21061
23. PART I. Enter the disease shock, or heert fe immediate CAUSE (Finel disease or condition resulting in deeth)	s, or complications that caus liure. List only one cause on	ad tha death. Do not each line.	t enter tha mo	da of dying, such	as cardiac or resp	ratory arrest	Approximate Interval Between Onset and Deeth
Todating in death)	DUTE TO (ON AT	A CONSEQUENCE OF	(B)	-00	- 0		
Sequentially list conditions,	b. DUE TO (OR AS	A CONSEQUENCE OF):	Lu	eloca	axer		
If any, leading to immediate cause. Enter UNDERLYING							
CAUSE (Disease or Injury that initiated events	DUE TO (DR AS	A CONSEQUENCE OF):					
resulting in daeth) LAST	d						
PART II. Other algnificant con	ditions contributing to death	but not resulting in	the underlying	g cause given in i	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
					PERFO		AVAILABLE PRIDE TO COMPLETION OF CAUSE
					1 _ YES :	- NO	DF DEATH?
					_		1 123 2 110
25. WAS CASE REFERRED TO MEDI	CAL		26. PI	ACE DF DEATN (Che	ck only one)		
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/O		OTHER: I Nursing Norr	a 5 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 285. TIME	DF 28c. INJ	URY AT	28d. OESCRIBE NOW	NJURY OCCUR	ED
1 Naturat 5 Pending 2 Accident trivestig			M 1 🗆	YES 2 NO			
3 Suicide 8 Could r 4 Nomicide determi	lot oe building, atc. (S	RY — At home, farm, atr pecify)	reet, factory, offic	•	28f. LOCATION (Street City or Town, State	and Number or	Aural Route Number,
29a, CERTIFIER							
(Check only 1 CERTIFYING	PHYSICIAN: To the best of my kn (AMINER: On the basis of examina						ause(a) end manner as stated.
290. SIDNATURE AND TITLE OF CE	HTIPIER /	7		29c LICENSE NUM	IBER .	29d, DATE S	IGNED (Monty), Day, Year)
	Aub /			202	ENT	12	17/90
30. NAME AND ADDRESS OF PERS				7		/	-11
Dr. Anastacio	E Cubana In	- 206 C	TIA - b-	0.1	D .	Mawrr1 a.	1 01061
	22. BUGISTRAR'S S		in High	vay, Glen	Burnie,	Maryrai	nd 21061